

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90159 032 ***150.00

DOCUMENT # M83079

1. Entity Name
A.L.T. SERVICES CO., INC.

Principal Place of Business

**C/O TERRY E. MCKENNEY
 RT 5, BOX 5974
 MONTICELLO FL 32344
 US**

Mailing Address

**P.O BOX 145
 LLOYD FL 32337
 US**

2. Principal Place of Business

631 Cedar Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2889822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCKENNEY, TERRY E.
 RT 5 BOX 5974
 MONTICELLO FL 32344**

*address change only
 by Post Office*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

631 Cedar Lane

City

FL

Zip Code

32344

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Terry E. McKenney

16 Jan 02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **MCKENNEY, TERRY E.**
 STREET ADDRESS **RT 5 BOX 5974**
 CITY-ST-ZIP **MONTICELLO FL**

TITLE **D** ☐ Delete
 NAME **MCKENNEY, GLEN K.**
 STREET ADDRESS **6352 BROWNSVILLE RD.**
 CITY-ST-ZIP **LITHIA SPRINGS GA**

TITLE **D** ☐ Delete
 NAME **MCKENNEY, ALICE L.**
 STREET ADDRESS **RT 5 BOX 5974**
 CITY-ST-ZIP **MONTICELLO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **631 Cedar Lane**
 CITY-ST-ZIP **32344**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **631 Cedar Lane**
 CITY-ST-ZIP **32344**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Terry E. McKenney

16 Jan 02 850 878 5343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)