

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90074 045 \*\*\*150.00

**DOCUMENT # M83386**

1. Entity Name  
**ALDEE'S, INC.**

Principal Place of Business  
**12125 CORTEZ BLVD., ROUTE 50**  
**BROOKSVILLE FL 34613**

Mailing Address  
**12125 CORTEZ BLVD., ROUTE 50**  
**BROOKSVILLE FL 34613**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-2894796**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PEURA, ALBERT J.**  
**2027 GODFREY AVENUE**  
**SPRING HILL FL 34609**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Albert J. Peura* *Peura* 2/12/02  
 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PTD	<input type="checkbox"/> Delete
NAME	PEURA, ALBERT J.	
STREET ADDRESS	2027 GODFREY AVENUE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PEURA, DOROTHY A.	
STREET ADDRESS	2027 GODFREY AVENUE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature is that of the corporation or the receiver or trustee empowered to execute this report as required by law, changed, or on an attachment with an address, with all other like empowered.

Sign, Date &  
 Mail By 4-28-01  
 With \$ 150.00

I further certify that the information supplied is true and accurate and that I am an officer or director of the corporation as appears in Block 11 or Block 12 if applicable.

SIGNATURE: *Signature Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02  
 Date Daytime Phone #

CR2E034 (9/01)