

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-30-2002 91604 012 ****61.25

DOCUMENT # N99000002641

1. Entity Name

THE JANET ALDERMAN GROUP, INC.

Principal Place of Business

**234 DEL PRADO BLVD N
CAPE CORAL FL 33909**

Mailing Address

**234 DEL PRADO BLVD N
CAPE CORAL FL 33909**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0916315

Applied For

Not Applicable

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

**ALDERMAN, DAVID
234 DEL PRADO BLVD N
CAPE CORAL FL 33909**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALDERMAN, DAVID	
STREET ADDRESS	418 SE 14TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCWILLIAMS, JO	
STREET ADDRESS	7801 WYOMING ST	
CITY-ST-ZIP	KANSAS CITY MO 64114	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KIRBY, LEAH	
STREET ADDRESS	2724 DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAYNE, PATRICIA	
STREET ADDRESS	2201 SW 49TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BEST, BRAD	
STREET ADDRESS	7243 EMILY DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GREEN, MARY	
STREET ADDRESS	4008 SW 25TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martha Gurwit P.D.	
STREET ADDRESS	1427 S.E. 13 ST.	
CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Alderman 239 281 1486

Date: 5-22-02 Daytime Phone #

CR2E037 (9/01)