

**.2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91317 023 \*\*\*150.00

DOCUMENT # P00000012080

1. Entity Name  
**ALA CORPORATION**

Principal Place of Business <b>3227 SOUTH HORSESHOE DRIVE SUITE 104 NAPLES FL 34104</b>	Mailing Address <b>3227 SOUTH HORSESHOE DRIVE SUITE 104 NAPLES FL 34104</b>
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A0026378



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7711 MILITARY TRAIL NORTH SUITE, Apt. #, etc. # 2018</b>	3. Mailing Address <b>7711 MILITARY TRAIL NORTH SUITE, Apt. #, etc. # 2018</b>
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City & State <b>PALE BEACH GARDENS FL</b>	City & State <b>PALE BEACH GARDENS FL</b>	4. FEI Number <b>22-3705408</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33410</b>	Country <b>PALE BEACH</b>	Zip <b>33410</b>	Country <b>PALE BEACH</b>

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

**GALLO, PHILIP A  
3227 SOUTH HORSESHOE DRIVE  
SUITE 104  
NAPLES FL 34104**

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD GALLO, PHILIP A 3227 SOUTH HORSESHOE DRIVE #104 NAPLES FL 34104</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD GALLO, TERRI-ANN 3227 SOUTH HORSESHOE DRIVE #104 NAPLES FL 34104</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)