

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90284 032 ***150.00

MA02960
 AV

DOCUMENT # P00000015886

1. Entity Name

ALLIGATORZ WOOD FLOOR SANDING & REFINISHING INC.

Principal Place of Business

**3217 4TH ST. WEST
 LEHIGH ACRES FL 33971**

Mailing Address

**3217 4TH ST. WEST
 LEHIGH ACRES FL 33971**

2. Principal Place of Business

602 James AVE.
 Suite, Apt. #, etc.

3. Mailing Address

602 James AVE.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lehigh Acres, FL

City & State

Lehigh Acres, FL

4. FEI Number

65-0984938

Applied For

Not Applicable

Zip

Country

33972

USA

Zip

Country

33972

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GUSTAFSON, ROBERT
 3217 4TH ST. WEST
 LEHIGH ACRES FL 33971**

7. Name and Address of New Registered Agent

Name

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

602 James AVE.
 City **Lehigh Acres** FL Zip Code **33972**

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]
 Signature typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-02

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 **P** ☐ Delete
 NAME **GUSTAFSON, ROBERT** ← Same
 STREET ADDRESS **3217 4TH STREET W**
 CITY-ST-ZIP **LEHIGH ACRES FL 33971** ← Change

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 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 **602 James AVE**
 CITY-ST-ZIP **Lehigh Acres FL 33972**

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

TITLE ☐ Change ☐ Addition
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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02

Date

941-910-5424

Daytime Phone #

CR2E034 (9/01)