## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P00000020589

1. Entity Name

ALTERNATIVE P.T. INC.



**FILED** Mar 31, 2003 8:00 am & Secretary of State

03-31-2003 90321 011 \*\*\*150.00

							<b>/</b>					
Principal Place of Business 6080 26TH STREET WEST BRADENTON FL 34207			Mailing Address 6586 MEANDERING WAY BRADENTON FL 34202									
2. Principal F	Place of Busin	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF M	AKING C	HANGES	;		
City & State			City & State				4.	4. FEI Number 65-0978348 Applied Fo			pplied For ot Applicable	7
Zip Country			Zip Cou			ntry	5.	Certificate of Status Desired [	\$8.75 Additional Fee Required			
	6. Name	and Address of Current	Registered	Agent			7.	Name and Address of New Regis	tered Age	ent		1
	-	* *	-			Name			<del></del>			1
STRZALKOWSKI, ANDRZEJ 6586 MEANDERING WAY						Street Addres	ss (P.O. E	Box Number is Not Acceptable)				1
BRADENT	ON FL 342	02										1
						City			FL	Zip Coo	le	1
	named entity tions of regist		r the purpos	se of changing its	register	ed office or regi	stered aç	gent, or both, in the State of Florida.	I am fan	niliar with,	and accept	1
SIGNATURE .	Signature typed	or printed name of registered agent a	and title if applic	ahla (NOTI	F: Begistere	nd Agent signature req	uired when r	reinstating)	DATE	,		
			The line is applied	11011	L. Hogistore	o ngoin aighatara raq	olled Wildin	emsialing)	DAIL			-
Afte	r May 1, 200	l FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State					Election Campaign Financi     Trust Fund Contribution.	ng 🔲		00 May Be d to Fees	
10.		- OFFICERS AND		S	11.	· · · · · · · · · · · · · · · · · · ·	Α[	L DDITIONS/CHANGES TO OFFICER	S AND D	IRECTOR	S IN 11	1
TÌTLE	D	•		☐ Delete	TITL	E	· .	·		Change	Addition	1 8
NAME	STRZALKO	owski, andrzej			NAM	IE						10/02
STREET ADDRESS		NDERING WAY				EET ADDRESS						
CITY-ST-ZIP	BRADENI	ON FL 34202			CITY	-ST-ZIP						200
TITLE				☐ Delete	TITL	E		•		] Change	Addition	è
NAME					NAM							
STREET ADDRESS CITY-ST-ZIP						EET ADORESS ST-ZIP						
				<u> </u>						7.05		┨
TITLE NAME				Delete	TITLI NAM	1			L_	] Change	Addition	
STREET ADDRESS	1	اليوا الرادانية سيستهيد يداد		No. 7	- عمرہ ایک	ET ADDRESS	حمد - ح	موم مواده بديني الهادات الديد بعضاه المهلمات	·	.r. =		
CITY-ST-ZIP						-ST-ZIP						
TITLE			·	☐ Delete	TITL	E T				Change	Addition	1
NAME	!				NAM	E			-	-		
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						1
TITLE				☐ Delete	TITL	E				Change	Addition	-
NAME					MAM	I		м,				-
STREET ADDRESS						ET ADDRESS		•				
CITY-ST-ZIP					_	-ST-ZIP						-
TITLE				☐ Delete	TITLE					Change	Addition	-
NAME STREET ADDRESS					NAM	l l						l
CITY-ST-ZIP						ET ADDRESS -ST-ZIP						ĺ
	L	information supplied with	this filing d	nee not qualify for			Section	119 07/3Vi) Florida Statutes I furth	or portifu	that the is	oformation	ł

reflect verify that the mormation supplied with this inling does not quarry for the exemption stated in Section 119.0/(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

3-28-2003 (941) 727-1500