

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90230 035 ***150.00

DOCUMENT # P00000048557

1. Entity Name
FIRST ALLIANCE CAPITAL, INC.

Principal Place of Business

2202 CURRY FORD RD
STE D
ORLANDO FL 32806

Mailing Address

2202 CURRY FORD RD
STE D
ORLANDO FL 32806



Principal Place of Business

1619 Conway Gardens Rd.
Suite, Apt. #, etc.

Mailing Address

1619 Conway Gardens Rd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number **59-3643219**

Applied For
Not Applicable

Zip **32806** **Country** **USA**

Zip **32806** **Country** **USA**

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

6. Name and Address of Current Registered Agent

ALGIER, FOSTER
2202 CURRY FORD RD
STE D
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name **Algier, Foster**
Street Address (P.O. Box Number is Not Acceptable)
1619 Conway Gardens Road
City **Orlando** **FL** **Zip Code** **32806**

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 *Foster Algier* **Foster Algier** **4/29/02**
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

TITLE **D** ☐ **Delete**
NAME **ALGIER, FOSTER**
STREET ADDRESS **2506 CENTER AVE.**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ **Delete**
NAME **CRAGER, ROBERT J**
STREET ADDRESS **5018 MORTIER AVE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/Director** ☒ **Change** ☐ **Addition**
NAME **Algier, Foster**
STREET ADDRESS **1619 Conway Gardens Rd.**
CITY-ST-ZIP **Orlando, FL 32806**

TITLE **Vice President** ☒ **Change** ☐ **Addition**
NAME **Crager, Robert J.**
STREET ADDRESS **1619 Conway Gardens Rd.**
CITY-ST-ZIP **Orlando, FL 32806**

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

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

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

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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: *Foster Algier* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/29/02 **407-897-0911**
Date Daytime Phone #

CR2E034 (9/01)