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

**DOCUMENT #** P00000054648

STF FL32381F.1

## FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91896 026 \*\*\*150.00

1. Entity Name			05 05 2005 51050 020	150.00
AL & G INTERIOR CONST	TRUCTION INC		V	
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2. Principal Place of Business 3. Mailing Address		<u> </u>	<del>-  </del>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
10720 NW 18TH COURT				
City & State	City & State		4. FEI Number	Applied For
CORAL SPRINGS FL	Zip	Country -	65-1006736	Not Applicable
33071 BROWARD	) ZIP	Country	5. Certificate of Status Desired Fee Re	Additional
DO NOT WRITE IN	THIS SPACE	*5.	7. Name and Address of Current Registered Agen	
	IIIO OI YOE	Name		
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	The second secon	Street Addre	ss (P.O. Box Number is Not Acceptable)	
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		City	17:- 0	
- T		City	FL Zip C	,ode
8. The above named entity submits this staten	nent for the purpose of changin	g its registered office o	r registered agent, or both, in the State of Florida. I am	familiar with.
and accept the obligations of registered age	ent.			·
SIGNATURE			_ <del></del>	
Signature, typed or printed name of re	gistered agent and title if applicable	. (NOTE: Registered	Agent signature required when reinstating) DAT	E
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00			9. Election Campaign Financing	\$5.00 May Be
Amended UBR is \$61.25				Added to Fees
Make Check Payable to Florida Department				
10. OFFICERS ANI	DIRECTORS	<u> </u>	<u></u>	
TILE PRESIDENT		TITLE		•
NAME ALFRED PAIGE STREET ADDRESS 10720 NW 18TH	COUDT	NAME STREET ADDRESS		
CORAL SPRINGS,		CITY - ST - ZIP		
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12. I hereby certify that the information supplied	with this filing does not qualify	for the exemption state	ed in Section 119.07(3)(i). Florida Statutes, I further certi	ify that the
information indicated on this report or supple	emental report is true and accu	rate and that my signal	ture shall have the same legal effect as if made under o	eath; that I am
an officer or director of the corporation or the appears in Block 10 or on an attaghment wit	a receiver or trustee empowers h an addgess, with all other like	u to execute this report empowered.	t as required by Chapter 607, Florida Statutes; and that	noy name
(1) A DA	10:00			
SIGNATURE: W NYCON	~ <del></del>	LFRED PAIG		
SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNIN	G OFFICER OR DIRECT	OR Date Daytime Phone #	<i>!</i>