

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90125 013 ***150.00

DOCUMENT # P00000067934

1. Entity Name
A.L.T., INC.



Principal Place of Business
**11257 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408**

Mailing Address
**11257 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1035674**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CASHMAN, JUDY
11257 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	GADOMSKI, TOMASZ	
STREET ADDRESS	8774 SE WATER OAK PL	
CITY-ST-ZIP	TEQUESTA FL 33459	
TITLE	VP	☐ Delete
NAME	LUCZKOWIEC, ARTHUR	
STREET ADDRESS	120 DAY LILY DR	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	☐ Delete
NAME	LUCZKOWIEC, JAROSLAW	
STREET ADDRESS	34 CHENANGO DR	
CITY-ST-ZIP	POWELL OH 43065	
TITLE	S	☐ Delete
NAME	CASHMAN, JUDY	
STREET ADDRESS	16417 SW TWO WOOD WAY	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR LUCZKOWIEC - VP

Date

04/09/2003

Daytime Phone #

CR2E034 (10/02)