

2001 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-07-2001 90002 009 ***550.00

DOCUMENT # P00000101167
1. Entity Name A.L.P. TOURS, INCORPORATED

Principal Place of Business 14583 102ND AVE. NORTH LARGO FL 33774	Mailing Address 14583 102ND AVE. NORTH LARGO FL 33774
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3506515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCLAUGHLIN, R. BRUCE 900 GULF BLVD., STE. 303 INDIAN ROCKS BEACH FL 33785

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.

SIGNATURE 	DATE
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9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME ALICE M. GALLACE	
STREET ADDRESS 14583-102ND AVE. N.	
CITY-ST-ZIP LARGO FL 33774	
TITLE V.P. POMPEO GALLACE	<input type="checkbox"/> Delete
NAME V.P. POMPEO GALLACE	
STREET ADDRESS 14583-102ND AVE. N.	
CITY-ST-ZIP LARGO FL 33774	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	SIGNATURE REQUIRED SIGNATURE AND STAMP OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 8-28-01	Daytime Phone #
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CR2E034 (5/01)