

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

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90311 020 ***150.00

DOCUMENT # **P00060101167**

1. Entity Name

ALP TOURS INC.



DO NOT WRITE IN THIS SPACE

14013031

2. Principal Place of Business

14583 102ND AVE.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

City & State

SEMINOLE, FL.

City & State

Zip

Country

Zip

Country

Zip

Country

33774

PINELLAS, USA

4. FEI Number

59-3506515

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

ALICE GALLACE

Street Address (P.O. Box Number is Not Acceptable)

14583 102ND AVE.

City

SEMINOLE

FL

Zip Code

33774

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

Alice M Gallace 4/27/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PRES./SECY.

NAME

ALICE GALLACE

STREET ADDRESS

14583 102ND AVE.

CITY-ST-ZIP

SEMINOLE, FL. 33774

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

V.PRES./TREAS.

NAME

POMPEO GALLACE

STREET ADDRESS

14583 102ND AVE.

CITY-ST-ZIP

SEMINOLE, FL. 33774

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alice M Gallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 6420-033528960

Date

Daytime Phone #