

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
 05-22-2001 90045 049 ***150.00

DOCUMENT # P00000106827
1. Entity Name
 ALLYS OF FLORIDA, INC.

Principal Place of Business 131 S. BARFIELD DRIVE
 MARCO ISLAND, FL 34145
Mailing Address 131 S. BARFIELD DRIVE
 MARCO ISLAND, FL 34145

2. Principal Place of Business 129 S. BARFIELD DRIVE
3. Mailing Address 129 S. BARFIELD DRIVE
 Suite, Apt. #, etc.

City & State MARCO ISLAND, FL
Zip 34145
Country

4. FEI Number 59-3681923
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

553252

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 PRYSLIWSKY, ALFREDA
 131 S. BARFIELD DRIVE
 MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent
 Name: PRYSLIWSKY, ALFREDA
 Street Address (P.O. Box Number is Not Acceptable): 129 S. BARFIELD DRIVE
 City: MARCO ISLAND FL Zip Code: 34145

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 _____
 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. ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	DP	<input type="checkbox"/> Delete
NAME	PRYSLIWSKY, ALFREDA	
STREET ADDRESS	131 S. BARFIELD DRIVE	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
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		
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	129 S. BARFIELD DRIVE	
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: Alfreda Pryslivsky **ALFREDA PRYSLIWSKY** 8/12/01 941-821-7333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)