

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90049 016 ***150.00

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DOCUMENT # P00000106827

1. Entity Name
ALLYS OF FLORIDA, INC.

Principal Place of Business 129 S. BARFIELD DR. MARCO ISLAND FL 34145	Mailing Address 129 S. BARFIELD DR. MARCO ISLAND FL 34145
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3681923	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent PRYSLIWSKY, ALFREDA 129 S. BARFIELD DR. MARCO ISLAND FL 34145			7. Name and Address of New Registered Agent		
			Name JAMES HARRIS		
			Street Address (P.O. Box Number is Not Acceptable) 129 So Barfield		
			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 *James Harris* - **JAMES HARRIS** DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input checked="" type="checkbox"/> Delete	NAME PRYSLIWSKY, ALFREDA	TITLE Director - President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 129 S. BARFIELD DR.	CITY-ST-ZIP MARCO ISLAND FL 34145	NAME James Harris	
		STREET ADDRESS 129 So Barfield	
		CITY-ST-ZIP MARCO ISL FLA 34145	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James Harris* **SIGNATURE REQUIRED** *James Harris* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date *1/05/02* Daytime Phone # *941 821 7333*

CR2E034 (9/01)