

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116556

1. Entity Name

ALWAYSTRUE CORPORATION

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90265 033 ***150.00

Principal Place of Business

10546 136TH STREET NORTH
LARGO FL 33774

Mailing Address

10546 136TH STREET NORTH
LARGO FL 33774

2. Principal Place of Business

10546 136 St. N.

3. Mailing Address

10546 136 St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

Largo, FL

4. FEI Number

EIN 65-1089832

Applied For

Not Applicable

Zip

33774

Country

USA

Zip

33774

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES, ROBERT L JR.
2655 MCCORMICK DRIVE
CLEARWATER FL 33759

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

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.
(See criteria on back) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FUCHS, JOSEPH	
STREET ADDRESS	10546 136TH STREET NORTH	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARIMI, MOHAMMAD	
STREET ADDRESS	10546 136TH STREET NORTH	
CITY-ST-ZIP	LARGO FL 33774	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 727-460 8744

CR2E034 (10/00)