2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91785 050 ***150.00

DOCUMENT # P01000003937

1. Entity Name
ALVEGA CORPORATION

11041631

Principal Place of Business	Mailing Address
1105 CAPE CORAL PKWY EAST. SUITE C CAPE CORAL FL 33904	1105 CAPE CORAL PKWY EAST. SUITE C CAPE CORAL FL 33904

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1318 Lafayette St Suite, Apt. #, etc.	1318 Lafayette St. Suite, Apt. #, etc.
City & State: Cape Coral, Florida	City & State: Cape Coral, Florida
Zip: 33904 Country:	Zip: 33904 Country:

4. FEI Number 65-1090430 ☐ Applied For ☐ Not Applicable

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
WRIGHT, CHRISTINE F ESQ. 1105 CAPE CORAL PKWY EAST, SUITE C CAPE CORAL FL 33904	Name: Thomas W. Hill Street Address (P.O. Box Number is Not Acceptable): 1318 Lafayette St. City: Cape Coral FL Zip Code: 33904

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: /Thomas W. Hill/ Thomas W. Hill 3-11-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOHBECK, ROLF AUF DEM HAGEN 9, 58332 SCHWELM, GERMANY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOHBECK, HEIDRUM AUF DEM HAGEN 9, 58332 SCHWELM, GERMANY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOHBECK, RAINER AUF DEM HAGEN 9 58332 SCHWELM, GERMANY	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: /Rolf Lohbeck/ SIGNATURE REQUIRED Rolf Lohbeck 4-2-03 239-549-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #