2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN -6 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048789

1. Entity Name
ALDEN GROUP, INC.

DO NOT WRITE IN THIS SPACE

01/06/03--01023--008 **185.00

2. Principal Place of Business	3. Mailing Address
9526 N.W. 52nd PL.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS FL	City & State
Zip: 33076 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1131842 (Applied For / Not Applicable)

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CRAIG MITCHELL

Street Address (P.O. Box Number is Not Acceptable):
9526 N.W. 52nd PLACE

City: CORAL SPRINGS FL Zip Code: 33076

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: X _____ X _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when executed)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/SECY CRAIG Mitchell 9526 N.W. 52nd PLACE CORAL SPRINGS FL 33076
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SQ 1/8/03

CR2E034B (12/01)

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

SIGNATURE: X _____ President/Sec X 12-30-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

DEC. 23 2002 01:10PM P3 FAX NO. 9549210878 FROM CHARLES N HOEKSEMA

ALDEN GROUP, INC.
9526 N.W. 52ND PLACE
CORAL SPRINGS, FL 33076

November 18, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find a check for $185.00 ($150.00 to have my corporation reinstated and $35.00 to change the registered agent). I did not receive a Uniform Business Report which was mailed to my prior address – 4460 N.W. 63rd Drive, Coconut Creek, Florida 33073. I have also completed a reinstatement form and would like to verify that you have my correct address.

Very truly yours,

Craig Mitchell, President
Alden Group, Inc.