

2002

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JAN -6 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P010000048789**

1. Entity Name

ALDEN GROUP, INC.

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

9526 N.W. 52nd FL.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS FL

City & State

4. FEI Number

65-1131842

Applied For

Not Applicable

Zip

33076

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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**

**DO NOT WRITE
IN THIS SPACE**

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**

Signature of person or persons of registered agent and the address.

Signature of Registered Agent registered with Secretary of State.

X

DATE

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 \$185.00

After May 1 Fee is \$550.00

Amended UBRs \$25.00

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 **PRESIDENT/SECY**
NAME **CRAIG MITCHELL**
STREET ADDRESS **9526 N.W. 52nd PLACE**
CITY-STATE-ZIP **CORAL SPRINGS FL 33076**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

600009859986
01/06/03--01023--008 **185.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 person authorized 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 information.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT/SECY

X 12-30-02

DATE

Signature of Agent

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

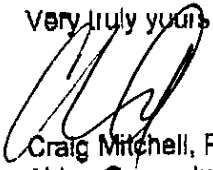
November 18, 2002

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 – 4480 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.