

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91704 034 ***158.75

DOCUMENT # P01000092447

1. Entity Name
ALLIANCE PROFESSIONALS CORPORATION

Principal Place of Business
1023 CREEKFORD DRIVE
WESTON FL 33326

Mailing Address
1023 CREEKFORD DRIVE
WESTON FL 33326

2. Principal Place of Business
5851 Holmberg Rd
Suite, Apt. #, etc.
3124

3. Mailing Address
5851 Holmberg Rd
Suite, Apt. #, etc.
3124



DO NOT WRITE IN THIS SPACE

City & State
Parkland, FL
Zip
33067

Country
USA

City & State
Parkland FL
Zip
33067

Country
USA

4. FEI Number
65-1141809

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOLES, ERIC P
1023 CREEKFORD DRIVE
WESTON, FL FL 33326

7. Name and Address of New Registered Agent

Name **Eric P. Boles**
Street Address (P.O. Box Number is Not Acceptable)
5851 Holmberg Rd
3124
City **Parkland** **FL** **Zip Code** **33067**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **BOLES, ERIC P**
STREET ADDRESS **1023 CREEKFORD DRIVE**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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 #

CR2E034 (9/01)