

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

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90353 027 \*\*\*150.00

**DOCUMENT #** P01000092509

1. Entity Name

ALENA'S ESCORTS, INC.

**DO NOT WRITE IN THIS SPACE**

B0053925

2. Principal Place of Business

422 Fleming St.

3. Mailing Address

P.O. Box 2069

Suite, Apt. #, etc.

Suite 15

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Key West, FL

City & State

Key West, FL

4. FEI Number

65-1138449

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

33045

Country

USA

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

7. Name and Address of Current Registered Agent

Name  
Albert L. Kelley

Street Address (P.O. Box Number is Not Acceptable)

926 Truman Ave.

City

Key West

FL

Zip

33040

**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

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) ☐

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

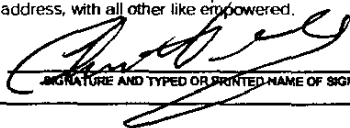
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/P/S/T Charlotte Gray P.O. Box 2069 Key West, FL 33040
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**DO NOT WRITE  
IN THIS SPACE**

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:



Charlotte Gray, Pres.

305-296-0160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)