

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

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90125 031 ***150.00

DOCUMENT # P01000104777

1. Entity Name

Michael Alderman Service Center
Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

428 Ferguson Dr
Suite, Apt. #, etc.

3. Mailing Address

428 Ferguson Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

80-0028383

Applied For

Not Applicable

Zip

32805

Country

Orange

Zip

32805

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael W Alderman

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

6340 Sextant Court

City

Orlando

FL

Zip Code

32807

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Michael W Alderman
6340 Sextant Court
Orlando FL 32807

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Phyllis Osborne
6340 Sextant Court
Orlando FL 32807

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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: Mike Alderman Mike Alderman 6-2-03/407-719-4892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)