

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-07-2002 90221 033 ***158.75

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

DOCUMENT #

1. Entity Name

STUART LODGE A.L.F., INC
 PO1000110016 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2 PALMETTO DRIVE

3. Mailing Address

2 PALMETTO DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

90787

City & State

STUART FLA.

City & State

STUART FLA.

4. FEI Number

01-0631382

Applied For

Not Applicable

Zip

34996

Country

USA

Zip

34996

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

7. Name and Address of Current Registered Agent

Name

SHEILA HARRIGAN

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

2 PALMETTO DRIVE

City STUART

FL

Zip Code
 34996

**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 renouncing)

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	PRESIDENT SHEILA HARRIGAN 2 PALMETTO DRIVE STUART, FLORIDA 34996	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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:

SHEILA HARRIGAN

Date

4/24/02 772-221-8251

Daytime Phone #

CR2E034B (12/01)