FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90166 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P01000114856

1. Entity Name
ALARKA FALLS ESTATES, INC.

Principal Place of Business
27657 OLD 41 ROAD
BONITA SPRINGS, FL 34135

Mailing Address
POST OFFICE BOX 2491
BONITA SPRINGS, FL 34133

CHECK HERE IF MAKING CHANGES (X)

2. Principal Place of Business	3. Mailing Address
	PO Box 1425
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Bryson City, NC
Zip / Country	Zip: 28713 / Country: US

4. FEI Number: 59-3759884 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DE VITO, ANNE M
27657 OLD 41RD.
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEVITO, ANNE M		NAME		
STREET ADDRESS	27657 OLD 41 ROAD		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anne Marie DeVito 4/20/03 (828) 488-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #