

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90194 001 ***150.00
05-07-2002 90194 002 *****8.75

DOCUMENT # P01000117851

1. Entity Name

ALESTEPH, INC.

DO NOT WRITE IN THIS SPACE

81808

2. Principal Place of Business

129 West Adam St

Suite, Apt. #, etc.

3. Mailing Address

129 West Adam St

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville Florida

City & State

Jacksonville Florida

Zip

32202

Country

USA

Zip

32202

Country

USA

4. FEI Number

90-0003319

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PATRICK AZOR

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

129 West Adam St.

City

JACKSONVILLE

FL

Zip Code

32202

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

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

PATRICK AZOR

(NOTE: Registered Agent signature required when reconstituting)

04-23-02
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
PATRICK AZOR
129 West Adam St
JACKSONVILLE FL 32202

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

**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:

PATRICK AZOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK AZOR

Date

04-23-02

Daytime Phone #

CR2E034B (12/01)