

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91349 027 \*\*\*150.00

0502791 AV

**DOCUMENT # P02000036434**

1. Entity Name  
**A. & L. MARKETING CO., INC.**



Principal Place of Business  
**2049 E. EDGEWOOD DR.  
LAKELAND FL 33803**

Mailing Address  
**2049 E. EDGEWOOD DR.  
LAKELAND FL 33803**



2. Principal Place of Business  
**2600 Summitview Drive**

3. Mailing Address  
**2600 Summitview Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Lakeland, Florida**

City & State  
**Lakeland, Florida**

4. FEI Number  
**16-1616312**

Applied For  
Not Applicable

Zip  
**33813-6314**

Country  
**USA**

Zip  
**33813-6314**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, ADELINA**

Name

~~2049 E. EDGEWOOD DR.~~ **2600 Summitview Drive**  
~~LAKELAND FL 33803~~ **Lakeland, FL 33813-6314**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **MILLER, ADELINA**  
STREET ADDRESS ~~2049 E. EDGEWOOD DR.~~ **2600 Summitview Drive**  
CITY-ST-ZIP ~~LAKELAND FL 33803~~ **33813-6314**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☒ Delete  
NAME ~~MAURER, LEILA~~  
STREET ADDRESS ~~2049 E. EDGEWOOD DR.~~  
CITY-ST-ZIP ~~LAKELAND FL 33803~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE *Adelina Miller*

*3/17/03*

*863-646-2123*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)