

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91375 001 ***150.00

0626722 AT

DOCUMENT # P02000055026

1. Entity Name
ALLER LATHING, INC.



Principal Place of Business
**PO BOX 815
BOSTWICK FL 32007**

Mailing Address
**PO BOX 815
BOSTWICK FL 32007**



2. Principal Place of Business
226 Harbor Dr.
Suite, Apt. #, etc.

3. Mailing Address
226 Harbor Dr.
Suite, Apt. #, etc.

City & State
Palatka FL

City & State
Palatka FL

4. FEI Number
04-3660845

Applied For
☐ Not Applicable

Zip
32177

Country
USA

Zip
32177

Country
USA

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

6. Name and Address of Current Registered Agent

**ALLER, BRUCE
120 BROOKS LANE
PALATKA FL 32177**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

226 Harbor Drive

City
Palatka

FL **32177**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

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

TITLE **D** ☐ Delete
NAME **ALLER, BRUCE**
STREET ADDRESS **PO BOX 815**
CITY-ST-ZIP **BOSTWICK FL 32007**

TITLE **D** ☐ Delete
NAME **FOWLER, EDWARD**
STREET ADDRESS **PO BOX 815**
CITY-ST-ZIP **BOSTWICK FL 32007**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **226 Harbor Dr.**
CITY-ST-ZIP **Palatka, FL 32177**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **226 Harbor Dr.**
CITY-ST-ZIP **Palatka, FL 32177**

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

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

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

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 Required*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 (904) 591-6326
Date Daytime Phone #

CR2E034 (10/02)