2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P02000068315 DOCUMENT

1. Entity Name

SIGNATURE:

ALCOLAY PROPERTIES, INC.

FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90467 035 ***150.00

Principal Place of Business 2001 NW 1ST AVE POMPANO BCH FL 33060	Mailing Address P.O.BOX 491402 FT LAUDERDALE FL 33319	-1 40 2	
	· ·		
2. Principal Place of Business	3. Mailing Address		
3585 SAHARA SPRGS BLVD Suite, Apt. #, etc.	Suite, Apt. #, etc.		
outo, the moto.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State	City & State	·	4. FEL Number Applied For
POMPANO BCH, FLA			4. FEI Number Applied For Not Applicable
Zip Country 33069 US	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
6. Name and Address of Current R	Registered Agent		7. Name and Address of New Registered Agent
		Name	Than and Addition of their Hogistered Agent
BURLEY, A.J.		Store at A	A.J. BURLEY ddress (P.O. Box Number is Not Acceptable)
20 01 NW-13T-AVE		Street Ad	address (P.O. Box Number is Not Acceptable)
POMPANO BCH FL 33060			
•		3585_	SAHARA SPRGS BLVD
	<u> </u>	PÖMP <i>I</i>	ANO BEACH FL Zip Code 33069
 The above named entity submits this statement for the obligations of registered agent. 	the purpose of changing its i	registered office or	r registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE AS Burula Signature, typed or printed name of registored agent an	d title if applicable (NOTE:	Basistand Agest sixes	ure required when reinstating)
	i (NOTE	negistered Agent signatu	ure 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. S Added to Fees
10. OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D	☐ Delete	TITLE	BURLEY, A.JDIRECTOR X Change Addition
NAME . BURLEY, A.J.		NAME	3585 SAHARA SPRGS BLVD
STREET ADDRESS 2001 NW 1ST AVE POMPANO BCH FL 33060		STREET ADDRESS	POMPANO BCH, FL 33069
		CITY-ST-ZIP	
TITLE D	☐ Delete	TITLE	DIRECTOR Change 🔯 Addition
NAME HOLMES, T.D.		NAME	HOLMES, T.D.
CHY CT 710 3000 SAHARA SPRGS	BLVD	STREET ADDRESS CITY-ST-ZIP	HOLMES, T.D. 3585 SAHARA SPRGS BLVD
POMPANO BCH, FL	3 3 0 6 9 Delete	TITLE	POMPANO-BCH, FL 33069
NAME	□ Detete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Channa - Addition
NAME	Dollar	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	ered nexecute this report as		ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information tive the same legal effect as if made under oath; that I am an officer or director officer 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if