

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90043 007 ***150.00

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DOCUMENT # P02000093525

1. Entity Name

ALLIANCE SEVEN MANUFACTURING, INC.



Principal Place of Business
**3516 NORVEL BRYANT HWY
BUILDING 2
HERNANDO F 34442
US**

Mailing Address
**P.O. BOX 1148
HERNANDO FL 34442
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1843982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ORTIZ, GEORGE
1515 E. SILVER SPRINGS BLVDL
SUITE 128
OCALA FL 34470**

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

**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 ☐ Delete
NAME **P. D**
STREET ADDRESS **VERRANDO, MARCEL G**
CITY-ST-ZIP **2909 S.W. 16TH PLACE
OCALA FL 34474**

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

TITLE ☐ Delete
NAME **VP,D**
STREET ADDRESS **LANZARONE, PHILIP**
CITY-ST-ZIP **3516 NORVEL BRYANT HWY, BLDG. 2
HERNANDO FL 34442**

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

TITLE ☐ Delete
NAME **S,T**
STREET ADDRESS **LANZARONE, PHILIP**
CITY-ST-ZIP **3516 NORVEL BRYANT HWY, BLDG. 2
HERNANDO FL 34442**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Philip Lanzarone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip LANZARONE

Date

Daytime Phone #

4/25/03-352-341-6906

CR2E034 (10/02)