

2003

UNIFORM BUSINESS REPORT (UBR)

FILED

ATX1

DOCUMENT # P02000111091

1. Entity Name

Alleyne Inc

03 MAR -6 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P. O. Box 121438

Clermont, FL

34712-1438

Mailing Address

500 E Semoran Blvd Ste 2J

Casselberry

Florida

32707

300014093713

03/14/03--01080--002 **150.00

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0486717

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Lyndon, Alleyne
500E Semoran Blvd, Ste 2J
Casselberry
Florida
32707

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$350.00

Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director
NAME Lyndon, Alleyne
STREET ADDRESS 500 E Semoran Blvd Ste 2J
CITY - ST - ZIP Casselberry, Florida 32707

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP Change Addition

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CITY - ST - ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-03

Date

(107235098)

Daytime Phone #

CRE034 (9/99)