

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90097 037 ***150.00

DOCUMENT # P92000009707

1. Entity Name

ALBAS, INC.

Principal Place of Business

3032 SE FARLEY RD
 PORT ST. LUCIE FL 34952

Mailing Address

3032 S.E. Farley Rd.
 P.O. Box 8461
 PORT ST. LUCIE FL 34985-8461

2. Principal Place of Business

1623-1633 Macedo Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

3032 S.E. Farley Rd.
 Suite, Apt. #, etc.

00040412



DO NOT WRITE IN THIS SPACE

City & State
 Port St. Lucie, FL

Zip
 34984 Country
 USA

City & State
 Port St. Lucie, FL

Zip
 Country
 USA

4. FEI Number 65-0392370

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MACMILLAN, NEIL W
 930 NE JENSEN BEACH BLVD
 UNIT B
 JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name Rita C Everett CPA
 Street Address (P.O. Box Number is Not Acceptable)
 200 Riverside Drive
 City Melbourne Beach FL Zip Code 32951

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 14 March 00
 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 \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS RUNNEBAUM, BRIGITTE 3032 SE FARLEY RD PT ST LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: March 14th 2000 337-9737
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)