

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051726

1. Entity Name  
**ALIFF PAINTING INC.**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90019 031 \*\*\*150.00

Principal Place of Business  
**3673 PARSLEY LN.  
NEW SMYRNA BEACH FL 32169**

Mailing Address  
**3673 PARSLEY LN.  
NEW SMYRNA BEACH FL 32169**

928220



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-3192708</b>                           |  | Applied For                    |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                 |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required |
| Zip                            | Country | Zip                 | Country |   |  |                                |

|  |  |  |  |  |  |    |  |
|--|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent  |  |  |  | 7. Name and Address of New Registered Agent        |  |    |  |
| <b>ALIFF, PATRICIA A</b><br><b>3673 PARSLEY LN</b><br><b>NEW SMYRNA BEACH FL 32169</b> |  |  |  | Name   |  |    |  |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |    |  |
|  |  |  |  |  |  |    |  |
|  |  |  |  | City   |  | FL |  |

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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--|---|--|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PVT</b><br><b>NORMAN K. ALIFF JR.</b><br><b>3673 PARSLEY LANE</b><br><b>NEW SMYRNA BCH., FL 32169</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>V</b><br><b>Aliff, Norman Jr</b><br><b>3673 Parsley Ln</b><br><b>New Smyrna Bch FL 32169</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>ALIFF, WADE P</b><br><b>4927 PARK COUNTY RD 72</b><br><b>BAILEY CO 80421</b> <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P S T</b><br><b>Aliff, Patricia</b><br><b>3673 Parsley Ln</b><br><b>New Smyrna Bch FL 32169</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Patricia A Aliff* **Patricia A Aliff President 1-12-01 904-427-1667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)