

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025755

1. Entity Name

ALENCO INTERNATIONAL, INCORPORATED

Principal Place of Business

735 COMMERCE CIRCLE
LONGWOOD FL 32750

Mailing Address

735 COMMERCE CIRCLE
LONGWOOD FL 32750-605
US

2. Principal Place of Business

130 Bomar Court

3. Mailing Address

P.O. Box 541507

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

City & State
Longwood, FL

City & State
Orlando, FL

4. FEI Number 59-3234629

Applied For

Not Applicable

Zip
32750

Country

Zip
32854-1507

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

ALLEN, RONALD P
940 DOUGLAS AVE. #103x 128
ALTAMONTE SPRINGS FL 32714

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.

Ronald P. Allen
President

4/27/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDC ☐ Delete
NAME ALLEN, RONALD P
STREET ADDRESS 940 DOUGLAS AVE. #103
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 940 Douglas Ave. #128
CITY-ST-ZIP

TITLE S ☐ Delete
NAME KELLY, GAIL L
STREET ADDRESS 32440 C.R. 437
CITY-ST-ZIP SORRENTO FL 32776

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 an officer, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald P. Allen
President

4/27/01

407-774-7100

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)