

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

04-23-2002 90433 035 ****61.25

FILED 994000026836

DOCUMENT # P94000026836

1. Entity Name

Alliance Property Management 3Bca/H

DO NOT WRITE IN THIS SPACE

02 MAY 15 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000026

2. Principal Place of Business 400 P3 Ave N 3. Mailing Address 400 P3 Ave N

No change

No change

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg FL

City & State
St. Petersburg FL

4. FEI Number
59-3238927

Applied For
Not Applicable

Zip 33702 Country US

Zip 33702 Country

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

7. Name and Address of Current Registered Agent

Name No change Linwah Crane

Street Address (P.O. Box Number is Not Acceptable) 400 P3 Ave N

City St. Petersburg FL Zip Code 33702

**DO NOT WRITE
IN THIS SPACE**

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]

5/8/02

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
President, Treasurer, Secretary, Director
Linwah E. Crane II
400 P3 Ave N
St. Petersburg, FL 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Andrew Harrington
400 P3 Ave N
St. Petersburg FL 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

727 578 2626

Daytime Phone #

CR2E034B (12/01)

25 5/23/02