

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031314

1. Entity Name

AL-TECH HOME EXTERIORS, INC.

Principal Place of Business

8222 WILES RD
SUITE 255
CORAL SPRINGS FL 33067

Mailing Address

4630 N UNIVERSITY DRIVE
#342
CORAL SPRINGS FL 33067

2. Principal Place of Business

4630 N University Drive

3. Mailing Address

Suite, Apt. #, etc.
#342

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Zip

33067

Country

Broward

Zip

Country

4. FEI Number

65-0480238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALL, JAMES
3061 S.W. 4 ST.
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

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, 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

TITLE D ☐ Delete
NAME WALL, JAMES
STREET ADDRESS 3061 S.W. 4ST
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D ☐ Delete
NAME WALL, DIANE
STREET ADDRESS 3061 S.W. 4ST
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

James A. Wall
Signature and Typed or Printed Name of Signing Officer or Director

4/21/01
Date

1-954-345-8416
Daytime Phone

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90084 014 ***150.00

AUG302001



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)