

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90325 028 \*\*\*150.00

**DOCUMENT # P94000061451**

1. Entity Name

**ALCY INCORPORATED**

Principal Place of Business

**2459 TOMMY'S TURN**  
~~OVIEDO FL 32766~~  
~~US~~

Mailing Address

**2459 TOMMY'S TURN**  
~~OVIEDO FL 32766~~  
~~US~~

2. Principal Place of Business

**7035 Big Bend Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**7035 Big Bend Dr.**

Suite, Apt. #, etc.

City & State

**St. Cloud, FL**

Zip  
**34771**

Country  
**US**

City & State

**St. Cloud, FL**

Zip  
**34771**

Country  
**US**

4. FEI Number

**65-0515521**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FRISENDA, NANCY**  
~~2459 TOMMY'S TURN~~  
~~OVIEDO FL 32766~~

Name **(Same)**

Street Address (P.O. Box Number is Not Acceptable)

**7035 Big Bend Dr.**

City **St. Cloud**

**FL**

Zip Code  
**34771**

7. Name and Address of New Registered Agent

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

**Nancy Frisenda (Nancy Frisenda) Secretary 4/10/02**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 **P** ☐ Delete  
NAME **FRISENDA, ALEXANDER A JR**  
STREET ADDRESS **2459 TOMMY'S TURN**  
CITY-ST-ZIP **OVIEDO FL 32766**

TITLE **SVP** ☐ Delete  
NAME **FRISENDA, NANCY L**  
STREET ADDRESS **2459 TOMMY'S TURN**  
CITY-ST-ZIP **OVIEDO FL 32766**

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

**(Address Change only)** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7035 Big Bend Dr.**  
CITY-ST-ZIP **St. Cloud, FL 34771**

**(Address Change only)** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7035 Big Bend Dr.**  
CITY-ST-ZIP **St. Cloud, FL 34771**

☐ Change ☐ Addition  
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☐ 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:

**Nancy Frisenda**  
**Nancy L. Frisenda, Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/02**  
Date

**407-892-1601**  
Daytime Phone #

CR2E034 (9/01)