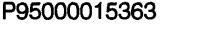
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

ALCO TAMPA INC.





May 01, 2003 8:00 am Secretary of State 05-01-2003 90384 014 ***150.00 ≥

Principal Plac 13514 AVISTA TAMPA FL 33		13514	Mailing Address 13514 AVISTA DRIVE TAMPA FL 33624										
2. Principal P	Place of Business	3. Mai	3. Mailing Address										
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State	e	City	City & State				FEI Number	59-3299158	· · · · ·		Applied For Not Applicable		
Zip Country			Zip	Zip Count			5.	Certificate of	f Status Desired		\$8.75 A Fee Requi	dditional	
	6, Name and	Address of Curre	nt Registere	Registered Agent				7. Name and Address of New Registered Agent					
~						Name							
CORPORA 1201 HAY	ation service 's st.	COMPANY		Stre			Address (P.O. Box Number is Not Acceptable)						
TALLAHAS	SSEE FL 32301												
سود			City				FL	Zip Co	ode				
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. I am familiar with, and accept the obligations of registered agent.													
SIĞNATURE .	Signature, typed or prin	ted name of registered age	nt and title if app	licable. (NOTE	; Registered	Agent signatu	re required when	reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				State					tion Campaign Fina Fund Contribution.			.00 May Be led to Fees	
10.		D DIRECTO	DIRECTORS 11,			A	DDITIONS/CI	HANGES TO OFFIC	ERS AND	DIRECTO	RS IN 11		
TITLE . Name Street address . City-st-zip	D SABEL, DAVID 13514 AVISTA TAMPA FL 330	DR.		☐ Delete						,	☐ Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	; ;			Delete				-			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Delete					· Marie .		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			☐ Delete							Change	e	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: