

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90262 021 \*\*\*150.00

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**DOCUMENT # P95000035368**



1. Entity Name  
**ALICE PEARL ENTERPRISES, INC.**

Principal Place of Business  
**1210 INTERNATIONAL PKWYS  
SUITE 118  
LAKE MARY FL 32746  
US**

Mailing Address  
**1210 INTERNATIONAL PKWYS  
SUITE 118  
LAKE MARY FL 32746  
US**



2. Principal Place of Business  
**1210 S International Pkwy**  
Suite, Apt. #, etc.  
**Suite 118**  
City & State

3. Mailing Address  
**1210 S. International Pkwy**  
Suite, Apt. #, etc.  
**Suite 118**  
City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3317768** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PEARL, ALICE  
499 TIMBER RIDGE DRIVE  
LONGWOOD FL 32779**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D PEARL, ALICE</b> STREET ADDRESS <b>499 TIMBER RIDGE DRIVE</b> CITY-ST-ZIP <b>LONGWOOD FL 32779</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: **SIGNATURE REQUIRED Alice Pearl** 4/13/03 407-788-6792  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)