

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057757

1. Entity Name

ALDENTERPRISES, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90100 036 ***150.00

Principal Place of Business

PMB # 241,
1500 BEVILLE ROAD
SUITE 606
DAYTONA BEACH FL 32114-5644

Mailing Address

PMB # 241
1500 BEVILLE ROAD
SUITE 606
DAYTONA BEACH FL 32114-5646

2. Principal Place of Business

950 RIDGEWOOD AVENUE
Suite, Apt. #, etc.

3. Mailing Address

PMB # 241, 1500 BEVILLE ROAD
Suite, Apt. #, etc.
606



DO NOT WRITE IN THIS SPACE

City & State HOLLY HILL FL	City & State DAYTONA BEACH FL	4. FEI Number 59-3332603	Applied For <input type="checkbox"/> Not Applicable
Zip 32117	Zip 32114-5646	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Country USA	Country USA		

6. Name and Address of Current Registered Agent

ALDEN, GLEN
723 BUENA VISTA AVE
ORMOND BCH FL 32174

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.

GLEN ALDEN

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/00

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VTSM	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ALDEN, GLEN		NAME	
STREET ADDRESS 723 BUENA VISTA AVE		STREET ADDRESS	
CITY-ST-ZIP ORMOND BCH FL		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ALDEN, LEIGH		NAME	
STREET ADDRESS 723 BUENA VISTA AVE		STREET ADDRESS	
CITY-ST-ZIP ORMOND BEACH FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

GLEN ALDEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00 **904-673-9796**
Date Daytime Phone #

CR2E034 (9/99)