

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000070815**1. Entity Name
A.G.E. ALOMA, INC.**FILED**
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90081 011 ***150.00

004286

Principal Place of Business
**4270 ALOMA DRIVE
WINTER PARK FL 32792**Mailing Address
**555 HEATHERBRITE
APOPKA FL 32712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3333886**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MULINI, GARY E
555 HEATHER BRITE CIRCLE
APOPKA FL 32712**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D MULINI, GARY	555 HEATHER BRITE CIRCLE	APOPKA FL 32712
<input type="checkbox"/> Delete	D SNIFFEN, EARL	4447 LABRADOR CT	AMISSVILLE VA 20106
<input type="checkbox"/> Delete	D KRUSE, CYNTHIA	185 HAVILAND PT.	LONGWOOD FL 32779
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		308 SAN TOMAS DR	Casselberry FL 32707
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

4076732342

Daytime Phone #

CR2E034 (10/00)