

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90160 037 ***150.00

DOCUMENT # P95000071699

1. Entity Name

AL BIANCO & ASSOC., INC.

Principal Place of Business

**1308 ALAMEDA AVE.
 CLEARWATER FL 34619-3307**

Mailing Address

**1308 ALAMEDA AVE.
 CLEARWATER FL 34619-3307**

2. Principal Place of Business

225 Mc MULLEN BOOTH RD

3. Mailing Address

507 WOODBINE AVE

Suite, Apt. #, etc.

171-D

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

WARREN OHIO

Zip

33759

Country

FLORIDA

Zip

44483

Country

OHIO

4. FEI Number

59-3332836

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOTTLIEB & GOTTLIEB, P.A.
 2475 ENTERPRISE RD., STE. 100
 CLEARWATER FL 34623**

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, 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 Delete
 NAME **D BIANCO, AL**
 STREET ADDRESS **1308 ALAMEDA AVE.**
 CITY-ST-ZIP **CLEARWATER FL 34619-3307**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE 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: **AL BIANCO** SIGNATURE REQUIRED **BIANCO - P**

Date **4-18-2002** Daytime Phone # **330-369-3247**
330-399-1334



DO NOT WRITE IN THIS SPACE

4-00000000

CR2E034 (9/01)