

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90130 043 ***150.00

DOCUMENT # P96000010816

1. Entity Name
ALLIANCE CAPITAL, INC.



Principal Place of Business
**221 9TH ST S
NAPLES FL 34102
US**

Mailing Address
**P.O BOX 767
NAPLES FL 34106
US**



2. Principal Place of Business

600 FIFTH AVE S.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 206

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Zip

34102

Country

USA

Zip

Country

4. FEI Number

65-0642912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOURGEAU, DAVID

% FORSYTHE, BRUGGER, & BOURGEAU

600 FIFTH AVE S., STE 207

NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

JOHN N. BRUGGER

Street Address (P.O. Box Number is Not Acceptable)

FORSYTH & BRUGGER, P.A.

600 FIFTH AVENUE S, SUITE 207

City

NAPLES

FL

Zip Code

34102

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/03

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

TITLE **D** ☐ Delete
NAME **FERNSTROM, CARL M**
STREET ADDRESS **221 9TH ST S**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D.P.S.T** ☒ Change ☐ Addition
NAME **CARL M. FERNSTROM**
STREET ADDRESS **600 FIFTH AVENUE S, SUITE 206**
CITY-ST-ZIP **NAPLES, FL. 34102**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/03

CR2E034 (10/02)