

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

DOCUMENT # P96000022185

1. Entity Name
DIGITAL ALTERNATIVES, INC.

03-28-2002 90845 001 *****8.75
 03-28-2002 90845 002 ***150.00

Principal Place of Business
3666 TAMiami TRAIL NO
SUITE 202
NAPLES FL 34103
US

Mailing Address
3666 TAMiami TRAIL NO
SUITE 202
NAPLES FL 34103
US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0643875**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACALLISTER, DANIEL L
5061 NAPOLI DRIVE
NAPLES FL 34103

Name
Daniel L. MacAlister
 Street Address (P.O. Box Number is Not Acceptable)
5061 Napoli Drive
 City **Naples** **FL** Zip Code **34103**

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 **Daniel L. MacAlister**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **MACALLISTER, DANIEL L**
 STREET ADDRESS **5061 NAPOLI DRIVE**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **ST** ☒ Delete
 NAME **WASMER, MARTIN M**
 STREET ADDRESS **600 5TH AVENUE SOUTH**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **V/D** ☐ Change ☒ Addition
 NAME **Thomas L. Campbell**
 STREET ADDRESS **390 Broad Avenue South**
 CITY-ST-ZIP **Naples, Florida 34102**

TITLE **S/T/D** ☐ Change ☒ Addition
 NAME **Dennis J. Lynch**
 STREET ADDRESS **4081 Tamiami Trail North, Suite C-20**
 CITY-ST-ZIP **Naples, Florida 34103**

TITLE **D** ☐ Change ☒ Addition
 NAME **C. David Snyder**
 STREET ADDRESS **1940 East 6th Street, Suite 200**
 CITY-ST-ZIP **Cleveland, Ohio 44114**

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

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:

DANIEL L. MACALISTER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

Date

(941) 263-0567

Daytime Phone #

CR2E034 (9/01)