## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 28, 2001 8:00 am DOCUMENT # P96000027748 **Secretary of State** 1. Entity Name ALLIGATOR TEMPS OF RUSKIN, INC. 02-28-2001 90106 022 \*\*\*150.00 Principal Place of Business Mailing Address 4910 US HIGHWAY 41 SOUTH P.O. BOX 7357 SUN CITY FL 33586 SUN CITY FL 33586 00027529 2. Principal Place of Business 3. Mailing Address P.O. BOX 7352 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3369872 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent B Ellison LAMOUREUX, GEORGE J Street Address (P.O. Box Number is Not Acceptable) 5811 MEMORIAL HIGHWAY #202 TAMPA FL 33615 Zip Code 33586 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Addition NAME ELLISON, RANDALL NAME STREET ADDRESS STREET ADDRESS 4910 HIGHWAY 41 CITY-ST-ZIP CITY-ST-7IE SUN CITY FL 33586 ☐ Addition VΡ Change TITLE Delete TITLE MARRA, MARTIN NAME NAME STREET ADDRESS STREET ADDRESS 13009 ST. FILAGRE AVENUE CITY-ST-7IP CITY-ST-7IP RIVERVIEW FL 33569 Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change □ Addition TITLE ☐ Delete TITLE 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:

SIGNING OFFICER OR DIRECTOR