

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 08:00 AM****Secretary of State****DOCUMENT # P96000035110**1. Entity Name
A.L.S. ENTERPRISES OF ST. PETERSBURG, INC.**Principal Place of Business**877 EXECUTIVE CENTER DR. WEST
GLADES BLDG., STE. 303
ST. PETERSBURG
33702

FL

Mailing Address877 EXECUTIVE CENTER DR. WEST
GLADES BLDG., STE. 303
ST. PETERSBURG
33702

FL

2. Principal Place of Business
475 CENTRAL AVENUE**3. Mailing Address**

C/O ERNEST L. MASCARA, P.A.

Suite, Apt. #, etc.
KRESS BLDG., STE. M-8Suite, Apt. #, etc.
475 CENTRAL AVENUE, SUITE M-8City & State
ST. PETERSBURG

FL

City & State
ST. PETERSBURG

FL

Zip
33701

Country

Zip
33701

Country

4. FEI Number
59-3401082

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMASCARA ERNEST L
877 EXECUTIVE CENTER DR. WEST
GLADES BLDG., STE. 303
ST. PETERSBURG
33702

FL

US

7. Name and Address of New Registered Agent

Name

MASCARA ERNEST L

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

475 CENTRAL AVENUE

KRESS BLDG., STE. M-8

City

ST. PETERSBURG

FL

Zip Code
33701

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 **ERNEST L. MASCARA****03/01/2001**

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 State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE VPD ☐ Delete
NAME VAN CUYLENBURG LINDA
STREET ADDRESS 9046 FOURTH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33702TITLE PVST ☐ Delete
NAME VAN CUYLENBURG WILHELMUS A
STREET ADDRESS 9046 4TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33702TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE VPD ☒ Change ☐ Addition
NAME VANCUYLENBURG LINDA
STREET ADDRESS 475 CENTRAL AVENUE, SUITE M-8
CITY-ST-ZIP ST. PETERSBURG FL 33701TITLE PVST ☒ Change ☐ Addition
NAME VANCUYLENBURG WILHELMUS A
STREET ADDRESS 475 CENTRAL AVENUE, SUITE M-8
CITY-ST-ZIP ST. PETERSBURG FL 33701TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: WILHELMUS A. VANCUYLENBURG

P

03/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)