

2001 UNIFORM BUSINESS REPORT (UBR)

5/1/01

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-01-2001 90124 044 ***150.00

DOCUMENT # P96000036008

1. Entity Name
ALTIM, INC.

Principal Place of Business
2200 WINTER SPRINGS BLVD.
111
OWIEDEO FL 32765
US

Mailing Address
108 CHERRY CREEK CIRCLE
WINTER SPRINGS FL 32708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
108 CHERRY CREEK CIRCLE

3. Mailing Address
 Suite, Apt. #, etc.

City & State
WINTER SPRINGS FL

City & State
 City & State

Zip
32708

Country

Zip
 Country

4. FEI Number **59-3385212**

Applied for:
 No: Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-0000

7. Name and Address of New Registered Agent
 Name **Julie Enstad Smith**
 Street Address (P.O. Box Number is Not Acceptable)
2080 WINTER SPRINGS BLVD
 City **OWIEDEO** **FL** **32765**

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 substituting) (DATE)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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)(1), 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: _____ **06/24/01** **407-695-3464**
 Signature and typed or printed name of signing officer or director Date Day to Phone #

CR2E034 (10/00)