

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056638

1. Entity Name
A L SUBS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91298 001 ***150.00

Principal Place of Business

8900 DAVID BLVD.
NAPLES FL 33999

Mailing Address

2626-3 EAST TAMiami TRAIL
NAPLES FL 34112

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

8901 DAVID BLVD

NAPLES FL

34104



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0682251

Applied For
Not Applicable

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

LENNOX, ART
8900 DAVID BLVD.
NAPLES FL 33999

Name PINTER, MICHAEL R

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

4328 CORPORATE SQ, STE C

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME LENNOX, ART
STREET ADDRESS 8900 DAVID BLVD.
CITY-ST-ZIP NAPLES FL 33999 ☐ Delete

TITLE
NAME LENNOX, ART ☒ Change ☐ Addition
STREET ADDRESS 2155 SHEEPHEAD DR
CITY-ST-ZIP NAPLES, FL 34102

TITLE D
NAME CANDITO, JOSEPH ☒ Delete
STREET ADDRESS 2540 11TH CIRCLE
CITY-ST-ZIP NAPLES FL 34103

TITLE D
NAME LORRETT A. LENNOX ☐ Change ☒ Addition
STREET ADDRESS 2155 SHEEPHEAD DR
CITY-ST-ZIP NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)