

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90165 044 \*\*\*150.00

**DOCUMENT #** P96000100724

1. Entity Name

ALGOA INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

409 WOODSTEAD CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

409 WOODSTEAD CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FEI Number

65-0711676

Applied For

Not Applicable

Zip

32779

Country

USA

Zip

32779

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ROSALIE F. PRIEST

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

409 WOODSTEAD CIRCLE

City

LONGWOOD

FL

Zip Code  
32779

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

JOHN W. PRIEST, PRESIDENT

X 4/24/02  
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD  
NAME PRIEST, JOHN W.  
STREET ADDRESS 409 WOODSTEAD CIRCLE  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE S  
NAME PRIEST, ROSALIE  
STREET ADDRESS 409 WOODSTEAD CIRCLE  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

JOHN W. PRIEST  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/24/02 X 4077726623  
Date Daylight Savings

CR2E034B (12/01)