

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90815 021 ***150.00

DOCUMENT # P96000100724

1. Entity Name

ALGOA, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
151 VILLA DI ESTE TERRACE

3. Mailing Address
151 VILLA DI ESTE TERRACE

Suite, Apt. #, etc.
113

Suite, Apt. #, etc.
113

City & State
LAKE MARY

City & State
LAKE MARY

Zip
FL

Country
32746

Zip
FL

Country
32746

4. FEI Number 65-0711676

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROSALIE F. PRIEST

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

151 VILLA DI ESTE TERRACE, # 113

City LAKE MARY

FL Zip Code 32746

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

ROSALIE F. PRIEST, SECRETARY

04/27/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D, Priest, John W.
151 Villa Di Este Terrace, # 113
Lake Mary, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S - Priest, Rosalie F.
151 Villa Di Este Terrace, # 113
Lake Mary, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Priest, President

04/27/03

407-833-9970

Date

Daytime Phone #

CR2E034B (12/02)