

**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.



10095830

**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

DO NOT WRITE IN THIS SPACE

City & State  
LAKE MARY

City & State  
LAKE MARY

4. FEI Number 65-0711676

Applied For  
Not Applicable

Zip Country  
FL 32746

Zip Country  
FL 32746

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 *R. Priest*

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 reconstituting)

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	
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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 reports 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: *J. Priest*

John W. Priest, President

04/27/03

407-833-9970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)