

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-14-2001 90009 019 ***150.00

DOCUMENT # P96000101155

1. Entity Name

INDEPENDENT ALTERNATIVES INC.

Principal Place of Business

1658 LAUDER AVENUE
 JACKSONVILLE FL 32208

Mailing Address

1658 LAUDER AVENUE
 JACKSONVILLE FL 32208

2. Principal Place of Business

1949 W. 45TH ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

Zip

32209

Country

USA

Zip

32209

Country

USA

4. FEI Number

59-3508890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, GWENDOLYN T
1658 LAUDER AVENUE
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name

WILLIAM GREEN

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

1949 W. 45TH STREET

City

JACKSONVILLE

FL

Zip Code

32209

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

William Green **WILLIAM GREEN** **DELECTOR** **02/2/01**

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. ☐

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEE, GWENDOLYN T	
STREET ADDRESS	1658 LAUDER AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	WILLIAM GREEN	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	WILLIAM GREEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM GREEN	
STREET ADDRESS	1949 W. 45TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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:

WILLIAM GREEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Green **02/2/01** **(904) 768-5282**

Date

Daytime Phone #

CR2E034 (10/00)