

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90042 003 ***158.75

DOCUMENT # **P96000101155**

1. Entity Name

INDEPENDENT ALTERNATIVES INC.**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1949 W. 45TH ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TACKSONVILLE FL

City & State

4. FEI Number

54-3508890

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

WILLIAM GREEN

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

1949 W. 45TH ST

City

TACKSONVILLE**FL**

Zip Code

32209**DO NOT WRITE
IN THIS SPACE**

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) ☐**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	WILLIAM GREEN PRESIDENT
NAME	WILLIAM GREEN
STREET ADDRESS	1949 W. 45TH STREET
CITY-ST-ZIP	TACKSONVILLE FL 32209

TITLE	
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM GREEN**4/29/02**

Date

(904) 764-5304

Daytime Phone #

CR2E034B (12/01)