

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90302 011 \*\*\*150.00

0127210 AV

**DOCUMENT #** P97000004343

1. Entity Name  
**ALOE-TEK, INC.**



Principal Place of Business  
**4000 DOW ROAD, SUITE 1  
MELBOURNE FL 32934-9276**

Mailing Address  
**4000 DOW ROAD, SUITE 1  
MELBOURNE FL 32934-9276**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3425890</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ANGELO, CECELIA</b> <b>2835 NORTH HIGHWAY A1A #301</b> <b>INDIALANTIC FL 32903</b>		Name <b>BELLAMY BARTON A</b> Street Address (P.O. Box Number is Not Acceptable) <b>2835 N. HIGHWAY A1A #301</b> <b>INDIALANTIC</b> City <b>FLA</b>	
		FL Zip Code <b>32903</b>	

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.

**BARTON A BELLAMY** *Barton A. Bellamy*  
 SIGNATURE \_\_\_\_\_ DATE **1-27-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BELLAMY, BARTON A</b> <b>2835 NORTH HIGHWAY A1A #301</b> <b>INDIANLANTIC FL 32903</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>ANGELE, CECILIA M</b> <b>2835 N HWY A1A #301</b> <b>INDIALANTIC FL 32903</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>ANGELO, CECELIA M</b> <b>1281 BERRY HILL DR</b> <b>MELBOURNE FLA 32934</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED** *Barton A Bellamy* **321.957.0544**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1-27-03** Daytime Phone #

CR2E034 (10/02)