

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004822

1. Entity Name

ALLIGATOR SUPPLY INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90076 044 ***150.00

Principal Place of Business

Mailing Address

5861 BRISTOL LANE
DAVIE FL 333315861 BRISTOL LANE
DAVIE FL 33331-3242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0719701

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**WILBUR, BRIAN
5861 BRISTOL LANE
DAVIE FL 33331

Name

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

City

FL

Zip Code

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)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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
	D	WILBUR, ALLEN	6751 BROOKLINE DRIVE							
			HIALEAH FL 33015							
	D	WILBUR, BRIAN	5861 BRISTOL LANE							
			DAVIE FL 33331							
	D	WILBUR, ALETRIS	6616 NW 173RD LN							
			HIALEAH FL 33015							

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLEN B. WILBUR
PRESIDENT

Date

Daytime Phone #

2/21/00 305-829-2192

CR2E034 (9/99)