

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P9700002621.0**

1. Entity Name

ALADDIN DOCUMENTATION SERVICES CORPORATION**FILED**
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90059 006 ***150.00

Principal Place of Business

Mailing Address

1015 SO CONGRESS AVE
SUITE 3
W PALM BEACH FL 33406
USP.O. BOX 5524
LIGHTHOUSE POINT FL 33074-5524

2. Principal Place of Business

1015 S CONGRESS AVE

3. Mailing Address

1015 S CONGRESS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

4. FEI Number

65-0739786

Applied For

Not Applicable

Zip

33406

Country

US

Zip

33406

Country

US5. 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

VANOVER, TERRIE L
1015 SO CONGRESS AVE
SUITE 3
W PALM BEACH FL 33406Name
VANOVER, TERRIE LStreet Address (P.O. Box Number is Not Acceptable)
1015 S CONGRESS AVECity
WEST PALM BEACH**FL**Zip Code
33406

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

TERRIE L VANOVER

(NOTE: Registered Agent signature required when reinstating)

4/20/00

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 **PTD** ☐ Delete
NAME **VANOVER, VINCENT S**
STREET ADDRESS **1015 SO CONGRESS AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**TITLE **P/CEO** ☒ Change ☐ Addition
NAME **VANOVER, VINCENT S**
STREET ADDRESS **1015 S CONGRESS AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**TITLE **VSD** ☐ Delete
NAME **VANOVER, TERRIE L**
STREET ADDRESS **1015 S CONGRESS AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**TITLE **V/S/T/D** ☒ Change ☐ Addition
NAME **VANOVER, TERRIE L**
STREET ADDRESS **1015 S CONGRESS AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**TITLE **D** ☐ Delete
NAME **VANOVER, PAULINE**
STREET ADDRESS **1015 SO CONGRESS AVE**
CITY-ST-ZIP **W PALM BEACH FL 33406**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**VINCENT S VANOVER****4/20/00**

Date

(561) 964-7101

Daytime Phone #

CR2E034 (9/99)