

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000026210**

1. Entity Name
ALADDIN DOCUMENTATION SERVICES CORPORATION

FILED

Apr 24, 2001 08:00 AM
Secretary of State

Principal Place of Business		Mailing Address	
1015 SO CONGRESS AVE W PALM BEACH 33406		1015 SO CONGRESS AVE W PALM BEACH 33406	
FL	US	FL	US

2. Principal Place of Business 1015 SOUTH CONGRESS AVENUE		3. Mailing Address 1015 SOUTH CONGRESS AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

DO NOT WRITE IN THIS SPACE

City & State WEST PALM BEACH		City & State WEST PALM BEACH		4. FEI Number	Applied For
Zip 33406	Country US	Zip 33406	Country US	65-0739786	Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$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				Name VANOVER TERRIE L	
W PALM BEACH				Street Address (P.O. Box Number is Not Acceptable) 1015 SOUTH CONGRESS AVENUE	
33406	US	FL	City WEST PALM BEACH		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 **04/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANOVER PAULINE 1015 SO CONGRESS AVE W PALM BEACH	FL 33406	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANOVER PAULINE 1015 SOUTH CONGRESS AVENUE WEST PALM BEACH	FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD VANOVER TERRIE L 1015 S CONGRESS AVE WEST PALM BEACH	FL 33406	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD VANOVER TERRIE L 1015 SOUTH CONGRESS AVENUE WEST PALM BEACH	FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO VANOVER VINCENT S 1015 SO CONGRESS AVE WEST PALM BEACH	FL 33406	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO VANOVER VINCENT S 1015 SOUTH CONGRESS AVENUE WEST PALM BEACH	FL 33406	<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
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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

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 807, 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: **Vincent S Vanover** **CEO** **04/24/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)