

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-01-2000 90012 042 ***150.00

DOCUMENT # P97000026231

1. Entity Name

ALOF AUTO TAG AGENCY INC.

Principal Place of Business

475 GREYNOLDS CIRCLE
 LANTANA FL 33465

Mailing Address

475 GREYNOLDS CIRCLE
 LANTANA FL 33462-4565

00007400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

479 Greynolds Cir

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lantana FL

City & State

4. FEI Number

65-0743429

Applied For

Not Applicable

Zip

33462

Country

Palum Bch

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALLONE, ALFRIEDA F
 475 GREYNOLDS CIRCLE
 LANTANA FL 33465

Name Change
 Due to marriage

7. Name and Address of New Registered Agent

Name

ALFRIEDA F. BANE

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

479 Grey Nolds Cir

City

Lantana

FL

Zip Code

33462

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 State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MALONE, ALFRIEDA F | |
| STREET ADDRESS | 501 S 13TH CT. | |
| CITY-ST-ZIP | LANTANA FL 33462 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MALONE, AUDRA N | |
| STREET ADDRESS | 475 GREYNOLDS CIRCLE | |
| CITY-ST-ZIP | LANTANA FL 33462 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | WILLIAM, BANE G | |
| STREET ADDRESS | 475 GREYNOLDS CIRCLE | |
| CITY-ST-ZIP | LANTANA FL 33462 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------|--|
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALFRIEDA F. BANE | |
| STREET ADDRESS | 479 Greywolds Cir | |
| CITY-ST-ZIP | Lantana FL 33462 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Alfreda F. Bane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-12-00

Daytime Phone #

561 5855644

CR2E034 (9/99)