

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90292 023 ***150.00

DOCUMENT # **997000041528**
 1. Entity Name **ALSTON & ASSOCIATES INC.**

Principal Place of Business Mailing Address
8944 SW 51st ST.
COOPER CITY FL 33328

A0071878

2. Principal Place of Business **SALE**
 Suite, Apt. #, etc.

3. Mailing Address **SALE**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **COOPER CITY FL**
 Zip **33328** Country **USA**

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 Zip **33328** Country **USA**

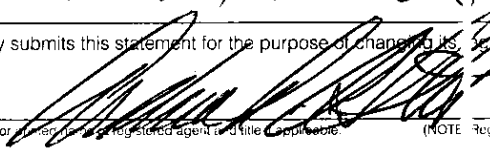
4. FEI Number **65-0751831**
 Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ANDREW A. ALSTON
8944 SW 51st ST.
COOPER CITY FL 33328

7. Name and Address of New Registered Agent
 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  (NOTE: Registered Agent signature required when reinstating) **05/20/01** DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!
After MAY 1, 2001
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	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	ANDREW A. ALSTON	
CITY-ST-ZIP	8944 SW 51st ST. COOPER CITY FL 33328	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	VICE PRESIDENT	
CITY-ST-ZIP	ANDREW A. ALSTON	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	STEPHEN A. ALSTON	
CITY-ST-ZIP	8944 SW 51st ST. COOPER CITY FL 33328	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for an 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 I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report, have not 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

05/20/01 **305-592-5612** **(102)**
 Date Daytime Phone #

CR2E034 (11/00)