

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90102 020 ***150.00

DOCUMENT # P97000056967

1. Entity Name

ALTA WHOLESALE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

110 COVERIDGE LANE

Suite, Apt. #, etc.

3. Mailing Address

110 COVERIDGE LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LONGWOOD FL

City & State
LONGWOOD FL

4. FEI Number
59-3454473

Applied For
Not Applicable

Zip
32779

Country
USA

Zip
32779

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Klein, Jeffrey A.

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

City
Longwood

FL

Zip Code
32779

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY - ST - ZIP	P Klein, Jeffrey A. 110 Coveridge Lane Longwood, FL 32779	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey A. Klein

407-862-3003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #