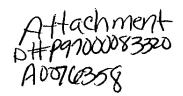
FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

**SIGNATURE** 

## Jul 10, 2001 8:00 am P97000083320 Secretary of State DOCUMENT # 1. Entity Name 07-10-2001 90121 043 \*\*\*150.00 ALC, INC. Principal Place of Business Mailing Address 10661 SE 144 PLACE 10661 SE 144 PLACE SUMMERFIELD FL 33491 SUMMERFIELD FL 33491 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3565136 Not Applicable Zip Country Zip Country \$8.75 Additional 5. - Certificate of Status Desired -, Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEWIS, CATHERINE A Street Address (P.O. Box Number is Not Acceptable) 10661 SE 144 PLACE SUMMERFIELD FL 33491 Zip Code City FL 🗞. 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE Delete TITLE LEWIS, JAMES A NAME NAME 10661 SE 144 PLACE STREET ADDRESS STREET ADDRESS SUMMERFIELD FL 33491 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE D ☐ Delete TITLE Change NAME LEWIS, CATHERINE A NAME STREET ADDRESS 10661 SE 144 PLACE STREET ADDRESS SUMMERFIELD FL 33491 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition THTLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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



Division of Corporations Uniform Business Report Filings

To whom it may concern,

I have enclosed a check for \$150.00 for my URB for 2001. I never received the first notice for the report.

Catherine Lewis