

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90004 044 ***158.75

DOCUMENT #

1. Entity Name

AL'S MOTOR HOME & TRAILER SALES INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

120 DEL MONTE ST.

3. Mailing Address

120 DEL MONTE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. PIERCE FL

City & State

FT. PIERCE FL

4. FFI Number

65-0802999

Applied For

Not Applicable

Zip

34946

Country

ST. LUCIE

Zip

34946

Country

ST. LUCIE

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACK FREW
 229 1ST PL S/W
 VERO BEACH, FL. 32962

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

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S DENISE HASKELL ☒ Delete
 NAME 5845 PATHFINDER RD.
 STREET ADDRESS ROCKFORD, IL. 61109
 CITY-ST-ZIP

TITLE T JOHN C ECH ☒ Delete
 NAME 1220 WEATHERSFIELD WAY
 STREET ADDRESS SCHNABURG, IL. 60193
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ALAN BEILKE ☐ Change ☐ Addition
 NAME 5375 ROTARY RD
 STREET ADDRESS CHERRY VALLEY, IL. 61016
 CITY-ST-ZIP

TITLE V JACK FREW ☐ Change ☐ Addition
 NAME 229 1ST PL S/W
 STREET ADDRESS VERO BEACH, FL. 32962
 CITY-ST-ZIP

TITLE S GAYLE BEILKE ☒ Change ☐ Addition
 NAME 5375 ROTARY RD.
 STREET ADDRESS CHERRY VALLEY, IL. 61016
 CITY-ST-ZIP

TITLE T WANDA FREW ☒ Change ☐ Addition
 NAME 229 1ST PL S/W
 STREET ADDRESS VERO BEACH, FL. 32962
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

JACK FREW

JACK FREW

05-03-2000

561-595-5922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)