

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91135 045 ***150.00

0496813 AV

DOCUMENT # P98000003021

1. Entity Name

ALLIANCE FINANCIAL GROUP OF SOUTHWEST FLORIDA, I NC.

Principal Place of Business

**3785 AIRPORT RD
 SUITE A
 NAPLES FL 34105**

Mailing Address

**3785 AIRPORT RD
 SUITE A
 NAPLES FL 34105**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3785 Airport Rd.

Suite, Apt. #, etc.

Suite A

City & State

Naples, FL

Zip

34105

Country

Collier

3. Mailing Address

3785 Airport Rd.

Suite, Apt. #, etc.

Suite A

City & State

Naples, FL

Zip

34105

Country

Collier

4. FEI Number

65-0811241

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BARTON, BERNE L
 3785 AIRPORT RD SUITE A
 NAPLES FL 34105**

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, 2002 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** ☐ Delete
 NAME **BARTON, BERNE L**
 STREET ADDRESS **3785 AIRPORT RD SUITE A**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE **VPS** ☐ Delete
 NAME **TOLLITTE, CHRISTOPHER**
 STREET ADDRESS **3785 AIRPORT RD STE A**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

941-643-1934

Daytime Phone #

CR2E034 (9/01)