

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90118 025 \*\*\*150.00

DOCUMENT # P98000018008

1. Entity Name  
ALJILUCO INVESTMENTS, INC.



Principal Place of Business  
2635 MALL DRIVE  
SARASOTA FL 34231

Mailing Address  
PO BOX 17471  
SARASOTA FL 34276



2. Principal Place of Business

1186 Central Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Zip

Country

34236

Country

U.S.A

4. FEI Number

65-0836341

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COOPER, ALAN  
2811 RIVER PINES WAY  
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

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

45 MOULE AVE

City

SARASOTA

FL

Zip Code

34232

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Alan Cooper*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

15<sup>th</sup> April '03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME COOPER, ALAN  
STREET ADDRESS 2811 RIVER PINES WAY  
CITY-ST-ZIP SARASOTA FL 34231

☐ Delete

TITLE DV  
NAME COOPER, JILL  
STREET ADDRESS 2811 RIVER PINES WAY  
CITY-ST-ZIP SARASOTA FL 34231

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

45 MOULE AVE  
SARASOTA FL 34232

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

45 MOULE AVE  
SARASOTA FL 34232

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alan Cooper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15<sup>th</sup> April '03

Date

941 921-6661

Daytime Phone #

CR2E034 (10/02)