

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90037 036 \*\*\*150.00

DOCUMENT # P98000038881

1. Entity Name

A.L.T. ENTERPRISES, INC.

Principal Place of Business

6860 GULFPORT BLVD SOUTH #110  
ST PETERSBURG FL 33707

Mailing Address

6860 GULFPORT BLVD SOUTH #110  
ST PETERSBURG FL 33707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

P.O. Box 66602

Suite, Apt. # etc.

P.O. Box 66602

City & State

St Pete Beach FL

City & State

St Pete Beach FL

Zip

33736

Country

USA

Zip

33736

Country

USA

4. FEI Number 59-3507178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER, LISA A  
6860 GULFPORT BLVD SOUTH  
NUMBER 110  
ST PETERSBURG FL 33707

Name Lisa Turner

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

7108 Date Palm Avenue South

City St. Petersburg

FL

Zip Code 33707

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME TURNER, A. ARTHUR  
STREET ADDRESS 6860 GULFPORT BLVD S # 110  
CITY-ST-ZIP SAINT PETERSBURG FL 33707 ☐ Delete

TITLE  
NAME 7108 Date Palm Avenue South  
STREET ADDRESS St Petersburg FL 33707 ☐ Change ☐ Addition

TITLE VPT  
NAME TURNER, LISA A  
STREET ADDRESS 6860 GULFPORT BLVD S # 110  
CITY-ST-ZIP ST PETERSBURG FL 33707 ☐ Delete

TITLE  
NAME 7108 Date Palm Avenue South  
STREET ADDRESS St Petersburg FL 33707 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lisa A. Turner 4-1-01 927-381-7246

CR2E034 (10/00)