

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042717

1. Entity Name

ALDERMAN DESIGN GROUP, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90018 017 ***150.00

Principal Place of Business

Mailing Address

120 NORTH FLORIDA AVE.
BARTOW FL 33830

120 NORTH FLORIDA AVE.
BARTOW FL 33830

2. Principal Place of Business

750 E. CHURCH ST.

Suite, Apt. #, etc.

3. Mailing Address

750 E. CHURCH ST.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BARTOW, FLORIDA

Zip
33830

Country
USA

City & State
BARTOW, FLORIDA

Zip
33830

Country
USA

4. FEI Number 59-3510681

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

ALDERMAN, RICHARD A
120 NORTH FLORIDA AVE.
BARTOW FL 33830

Name RICHARD A. ALDERMAN

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

750 E. CHURCH ST.

City BARTOW

FL

Zip Code 33830

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 RICHARD A. ALDERMAN

01/21/01

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	PD	<input type="checkbox"/> Delete
NAME	ALDERMAN, RICHARD A	
STREET ADDRESS	750 EAST CHURCH STREET	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALDERMAN, DIANE	
STREET ADDRESS	750 EAST CHURCH STREET	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: RICHARD A. ALDERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/01

(863) 533-1900

Date

Daytime Phone #

CR2E034 (10/00)