

FILED

Jun 03, 2002 8:00 am  
Secretary of State

05-13-2002 90075 038 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052006

1. Entity Name  
REIT ALFS, INC.



Principal Place of Business  
750 STARKEY RD  
LARGO FL 34641

Mailing Address  
750 STARKEY RD  
LARGO FL 34641



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
7235 Bryan Dairy Rd.

3. Mailing Address  
7235 Bryan Dairy Rd.

City & State  
Largo, FL

City & State  
Largo, FL

Zip  
33777

Country  
USA

Zip  
33777

Country  
USA

4. FEI Number  
59-3520731

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MOSES, MICHAEL S II  
750 STARKEY RD  
LARGO FL 34641

7. Name and Address of New Registered Agent  
Name  
James E. Heenan  
Street Address (P.O. Box Number is Not Acceptable)  
7235 Bryan Dairy Road  
City  
Largo FL 33777

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 JAMES E. HEENAN 5/29/02  
Signature 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT MOSES, MICHAEL J II 750 STARKEY RD LARGO FL 34641 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGGEOT, REX A 750 STARKEY RD LARGO FL 34641 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 7235 Bryan Dairy Road Largo, FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD James E. Heenan 7235 Bryan Dairy Road Largo, FL 33777 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lois Bosworth 7235 Bryan Dairy Road Largo, FL 33777 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: JAMES E. HEENAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 727-725-1136  
Date Daytime Phone #

CR2E034 (9/01)