

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90080 019 \*\*\*150.00

**DOCUMENT # P98000058323**

1. Entity Name  
**ALTIME ENTERPRISES, INC.**

Principal Place of Business 6610 BLANCHE COURT ORLANDO FL 32805	Mailing Address 6610 BLANCHE COURT ORLANDO FL 32805
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2. Principal Place of Business <b>1878 ANCIENT OAK DR.</b> Suite, Apt. #, etc.	3. Mailing Address <b>1878 ANCIENT OAK DR.</b> Suite, Apt. #, etc.
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City & State <b>OCDEE FL</b>	City & State <b>OCDEE FL</b>
Zip <b>34761</b>	Zip <b>34761</b>
Country	Country

4. FEI Number **59-3523432** Applied For   
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**PEASAH, AUGUSTINA**  
**6610 BLANCHE COURT**  
**ORLANDO FL 32805**

**7. Name and Address of New Registered Agent**

Name **AUGUSTINA PEASAH-OPONG**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1878 ANCIENT OAK DRIVE**  
 City **OCDEE FL** Zip Code **34761**

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 *Augustina Peasah-Opong* DATE *4/25/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>PEASAH, AUGUSTINA</b> <b>6610 BLANCHE COURT</b> <b>ORLANDO FL 32808</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEASAH, SETH</b> <b>6610 BLANCHE COURT</b> <b>ORLANDO FL 32808</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>OPONG, JERKYL</b> <b>6610 BLANCHE CT</b> <b>ORLANDO FL 32808</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *[Signature]* **Vice President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *01-15-01* Daytime Phone # *(407) 721-7488*

CR2E034 (10/00)