## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 15, 2002 8:00 am DOCUMENT# Secrétary of State P99000002450 1. Entity Name 07-15-2002 90187 046 \*\*\*150.00 ALISARI INC. Principal Place of Business Mailing Address 205 ORANGE AVE. 205 ORANGE AVE. FT. PIERCE FL 34949 FT. PIERCE FL 34949 2. Principal Place of Business 3. Mailing Address 209 Orange Ave <u>209 Orange Ave</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0890354 Fort Pierce Not Applicable Fort Pierce F1 Country \$8.75 Additional 5. Certificate of Status Desired 34950 34950 St. Lucie St. Lucie 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Maria Doherty Creel WILKINS, BARBARA XXXXXXXXXXXX Street Address (P.O. Box Number is Not Acceptable) 2700 N. A1A #303 1482 N. Lawnwood Circle, Bldg. FT. PIERCE FL 34949 Zip Code Fort Pierce 34950 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 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME DOHERTY, MARIA NAME MARIA DOHERTY CREEL STREET ADDRESS 1426 COLCHESTER CIRCLE STREET ADDRESS 1482 N. Lawnwood Circle Bldg 30A CITY-ST-ZIF PORT ST. LUCIE FL 32952 CITY-ST-ZIP. <u>Fort Pierce Fl</u> 34950 TITLE Delete TITLE Change ☐ Addition NAME WILKINS, BARBARA STREET ADDRESS STREET ADDRESS 2700 N. A1A #303 CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL 34949 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; 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 addgess, with all other like empowered.

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURI

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

Date

Daytime Phone #

☐ Addition

## Attachment # 120250 120251

July 12, 2002

Florida Department of State Divisions of Corporations P. O. Box 6327 Tallahassee, Florida 32314

TO WHOM IT MAY CONCERN:

Re: Alisari, Inc
-209-Orange Ave
Fort Pierce, F1. 34950
Document #P99000002450

This is to advise you that as of August 1, 2001 Barbara Wilkins was no longer in this Corporation.

Obviously the previous notice never reached me, therefore I am making the proper corrections on this Uniform Business Report. My name and address have recently changed to:

Maria Doherty Creel 1482 N. Lawnwood Circle Bldg. 30A Fort Pierce Florida 34950

Please advise if I need to file any further information.

Thank you for your help and consideration.

Sincerely,

Maria Doherty Creel \$150.00