

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P99000010080

1. Entity Name

A.L.B.C., INC.



03 FEB -6 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
263 SE PT. ST. LUCIE BLVD.  
Suite, Apt. #, etc.

3. Mailing Address  
2928 FIDDLEWOOD CR  
Suite, Apt. #, etc.

**REINSTATEMENT** 01-03  
DO NOT WRITE IN THIS SPACE

City & State  
PT ST LUCIE, FL

City & State  
PT ST LUCIE, FL

4. FEI Number 65-0946586

Applied For  
Not Applicable

Zip  
34983

Country  
ST LUCIE

Zip  
34952

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

Name ADRIENNE CSIHAR

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

2928 FIDDLEWOOD CR

City PT ST LUCIE

FL

Zip Code  
34952

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

(P/D) ADRIENNE CSIHAR  
2928 FIDDLEWOOD CR  
PT ST LUCIE, FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 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 #

2/16/03

**A.L.B.C., INC.**  
2928 Fiddlewood Cir.  
Port St. Lucie, Florida 34952  
(772) 971-4265

February 3, 2003

Fla. Dept. of State  
Secretary of State  
Div. of Corporations

Re: Reinstatement of  
**A.L.B.C., INC.**  
**I.D.# P 880000010080**  
**Disolved 9-22-2000**

To Whom It May Concern:

I am writing to inform you that I wish to reinstate the above referenced corporation and further, to inform you that I did not receive the Uniform Business Report for the year 2000 because I moved from 5502 Wheatley Court, Boynton Beach, Florida 33462 to 2928 Fiddlewood Cir., Port St. Lucie, Florida 34952.

Please waive any late fees and/or penalties that may have been incurred and reinstate the above referenced corporation at your earliest convenience.

Per my conversation with your office, I am enclosing a check for \$600.00 to cover the cost of reinstatement.

Sincerely,

  
Adrienne Csihar  
President