

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012715

1. Entity Name

ALLIANCE ENVIRONMENTAL CORPORATION

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90011 023 ***150.00

Principal Place of Business

1625 W PRINCETON STREET
ORLANDO FL 32804

Mailing Address

1625 W PRINCETON STREET
ORLANDO FL 32804-4815

2. Principal Place of Business

2822 PARKLAND DRIVE

3. Mailing Address

2822 PARKLAND DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number

59-3557698

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

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

MCCUTCHEON, KEVIN
1625 W PRINCETON STREET
ORLANDO FL 32804

Name

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

City

FL

Zip Code

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MCCUTCHEON, KEVIN
STREET ADDRESS 1625 W PRINCETON STREET
CITY-ST-ZIP ORLANDO FL 32804

☐ Delete

TITLE VPD
NAME ANDERSON, WILLIAM
STREET ADDRESS 19292 WEST INDIES DR.
CITY-ST-ZIP TRUSTEES, FL 33469

☐ Change

☐ Addition

TITLE VPD
NAME JOHNSON, MICHAEL G.
STREET ADDRESS 2822 PARKLAND DR
CITY-ST-ZIP ORLANDO, FL 32803

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

Kevin B. McCutcheon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEVIN B. MCCUTCHEON

4/13/00

Date

Daytime Phone #

CR2E034 (9/99)