

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90026 016 \*\*\*150.00

DOCUMENT # P99000023397

1. Entity Name

DAVID B. ALDRED, P.A.

Principal Place of Business

411 S WESTLAND AVE

1  
TAMPA FL 33606  
US

Mailing Address

411 S WESTLAND AVE

1  
TAMPA FL 33606  
US

2. Principal Place of Business

1181 Amanda Kay Cir  
Suite, Apt. #, etc.

3. Mailing Address

1181 Amanda Kay Cir  
Suite, Apt. #, etc.

City & State

Sanford FL

Zip Country  
32771 USA

City & State

Sanford FL

Zip Country  
32771 USA

4. FEI Number APPLIED FOR

59-3641810

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALDRED, DAVID B  
411 S WESTLAND AVE #1  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name Elizabeth J. Deans

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

1181 Amanda Kay Cir

City Sanford

FL

Zip Code 32771

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 *Elizabeth J. Deans* Elizabeth J. Deans

DATE April 30 2001

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

TITLE M  
NAME ALDREDD, DAVID B  
STREET ADDRESS 411 S. WESTLAND AVE  
CITY-ST-ZIP TAMPA FL 33606

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ALDRED, DAVID B  
STREET ADDRESS 1181 Amanda Kay Cir  
CITY-ST-ZIP Sanford, FL 32771

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*David B. Aldred* David B. Aldred

DATE April 30 2001

Daytime Phone #

813-786-8427

CR2E034 (10/00)