

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90124 029 ***150.00

DOCUMENT # P99000023879

1. Entity Name
ALAN AIR AUTOMOTIVE, INC.

Principal Place of Business
2625-3 N. MAIN ST.
GAINESVILLE FL 32609

Mailing Address
2625-3 N. MAIN ST.
GAINESVILLE FL 32609

2. Principal Place of Business
16603 SW 15 Ave
 Suite, Apt. #, etc.

3. Mailing Address
16603 SW 15 Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Newberry FL
 Zip
32669
 Country
USA

City & State
Newberry FL
 Zip
32669
 Country
USA

4. FEI Number **59-3569207**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BEARD, ALAN L
2625-3 N. MAIN ST.
GAINESVILLE FL 32609
16603 SW 15 Ave
Newberry, FL 32669

7. Name and Address of New Registered Agent

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	BEARD, ALAN L	
STREET ADDRESS	2625-3 N. MAIN ST.	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MOUNT, BRIAN W	
STREET ADDRESS	2625-3 N. MAIN ST.	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beard, Alan L	
STREET ADDRESS	16603 SW 15 Ave	
CITY-ST-ZIP	Newberry, FL 32669	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Brian W Mount**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02
 Date

Daytime Phone #

CR2E034 (9/01)