## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 21, 2000 8:00 am DOCUMENT # P99000027124 **Secretary of State** ALTA ENTERPRISES, INC. 03-21-2000 90013 028 \*\*\*158.75 Mailing Address Principal Place of Business 10500 UNIVERSITY CENTER DRIVE 10500 UNIVERSITY CENTER DRIVE SUITE 143 SUITE 143 TAMPA FL 33612-6415 TAMPA FL 33612 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City'& State Not Applicable 59-3580984 Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KALISH, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BOULEVARD #4100 4100 BARNETT PLAZA **TAMPA FL 33602** Zip Code FL 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE BALLOTTA, PETER C NAME NAME 10500 UNIVERSITY CENTER DRIVE, SUITE 143 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33612** Change Addition ☐ Delete TITLE TITLE NAME WILSON, PETER G. NAME WILSON, PETER G. STREET ADDRESS STREET ADDRESS 10500 UNIV. CENTER DR., SUITE 143 10500 UNIV. CENTER DR., SUITE 143 CITY-ST-ZIP CITY-ST-ZIE TAMPA, FLORIDA 33612 TAMPA, FLORIDA 33612 XX Addition Change TITLE ☐ Delete TITLE NAME NAME TOBI, JOSEPH C. TOBI, JOSEPH C. STREET ADDRESS STREET ADDRESS 10500 UNIV. CENTER DR., SUITE 143 10500 UNIV. CENTER DR., SUITE 143 CITY-ST-ZIP CITY-ST-ZIE TAMPA, FLORIDA 33612 TAMPA, FLORIDA 33612 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 attantiment with an address, with all other jike/empowered. CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the informa

March 14, 2000