

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jun 27, 2001 8:00 am**  
**Secretary of State**

06-27-2001 90004 044 \*\*\*150.00

## DOCUMENT #

1. Entity Name

*ALMA RENOVATIONS, INC.*

Principal Place of Business

Mailing Address

*2006 E BOBE ST  
PENSACOLA, FL. 32503*

*SAME*

2. Principal Place of Business

3. Mailing Address

*No CHANGE*

*No CHANGE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

*59-3585029*

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

*ALMA F. RAYNER  
2006 EAST BOBE ST  
PENSACOLA, FL 32503*

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

*ALMA F. RAYNER*

*ALMA F. RAYNER*

*PRESIDENT*

*6-25-01*

(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, 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*ALMA F. RAYNER  
2006 E BOBE ST.  
PENSACOLA FL 32503*

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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

*ALMA F. RAYNER*

*6-25-01*

*850-438-6820*

Date

Daytime Phone #

CR2E034 (11/00)

Attachment

2/19/28 72557 6-25-01

To Whom It May Concern

I spoke today with Stacey  
and verified that there is  
no record of receiving my  
URB for 2001. Since I  
sent the form along with  
a check and on May 2nd  
and it hasn't cleared the  
bank yet, I am complying  
with her instructions by  
resubmitting a check  
and a downloaded form.  
Thank you for your  
assistance. Please call me  
if you have any further  
questions

Sincerely,

Alan F. Rayner