

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034403

1. Entity Name

ALLIANCE ELEVATOR & HOISTING EQUIPMENT, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90169 013 \*\*\*150.00

Principal Place of Business

Mailing Address

12412 GREENLAND DRIVE  
RIVERVIEW FL 33569

PO BOX 1897  
RIVERVIEW FL 33568-1897



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7043 U.S. HIGHWAY 301 S.

3. Mailing Address

Suite, Apt. #, etc.

City & State

RIVERVIEW, FLA.

City & State

4. FEI Number

59-3584981-

Applied For

Not Applicable

Zip

33569

Country

U.S.

Zip

Country

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

LOWE, CASEY R  
12412 GREENLAND DRIVE  
RIVERVIEW FL 33569

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.

☐

\$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  
D  
LOWE, CASEY R  
12412 GREENLAND DRIVE  
RIVERVIEW FL 33569

☐ Delete

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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

Date

Daytime Phone #

4-27-00 813-677-4944

CR2E034 (9/99)