

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042890

1. Entity Name

ALBE GROUP, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90080 013 ***150.00

Principal Place of Business

Mailing Address

32 SOUTH DIXIE HWY.
 ST. AUGUSTINE FL 32095

32 SOUTH DIXIE HWY.
 ST. AUGUSTINE FL 32095-4150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 St Augustine FL

City & State
 St Augustine FL

4. FEI Number

59-3576248

Applied For

Not Applicable

Zip
 32095

Country
 St Johns

Zip
 32095

Country
 St Johns

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

BETTS, JAMES W
 32 SOUTH DIXIE HWY.
 ST. AUGUSTINE FL 32095

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.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BETTS, JAMES W	
STREET ADDRESS	32 SOUTH DIXIE HWY.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALBERT, MARC W	
STREET ADDRESS	32 SOUTH DIXIE HWY.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.25.00 823.1010

CR2E034 (9/99)