

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000062731

Entity Name  
A.L. ENTERPRISES, INC.

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90031 011 \*\*\*150.00

Principal Place of Business

mailing Address

835 Mallard Rd  
Cocoa FL 32926

Same

Principal Place of Business

Same

mailing Address

835 Mallard Rd

File, Apt. #, etc.

City & State

Cocoa, FL

Country

USA

32926

City & State

Cocoa, FL

Zip

32926

Country

USA

4. FEI Number

59-3589927

Applied For

Not Applicable

5. Certificate of Status Due

\$8.75 Additional  
Fee Required

7. Name and Address of the Registered Agent

Registered Agent

LEE, DENNIS

City

Dennis Lee

State

FL

Address

835 Mallard Rd

City

Cocoa

State

FL

Zip

32926

I, the above named entity, submits this statement.

I, the above named entity, hereby certifies that the information furnished is true and accurate and that my signature shall have the same legal effect as if made by me.

Signature

X Dennis Lee

4/25/01

If the corporation is eligible to satisfy the filing requirements and elects to do so, it may file this report on back.

**FILE NOW! FEE IS \$150.00**  
**After MAY 1, 2006 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Declaration of Compliance (if required)

\$5.00 May Be  
Added to Fee

| OFFICER | NAME        | ADDRESS        | CITY  | STATE | ZIP   |
|---------|-------------|----------------|-------|-------|-------|
| D       | LEE, DENNIS | 835 Mallard Rd | Cocoa | FL    | 32926 |
|         |             |                |       |       |       |
|         |             |                |       |       |       |
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|         |             |                |       |       |       |
|         |             |                |       |       |       |

| ADDITIONAL OFFICERS/DIRECTORS | NAME | ADDRESS | CITY | STATE | ZIP |
|-------------------------------|------|---------|------|-------|-----|
|                               |      |         |      |       |     |
|                               |      |         |      |       |     |
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|                               |      |         |      |       |     |

I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 893.02(2)(b), Florida Statutes, and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 893, Florida Statutes, and that on the date of filing, the information is true and accurate and that my signature shall have the same legal effect as if made by me.

SIGNATURE: X

Dennis Lee

4/25/01

321-636-0302