

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90136 038 ***150.00

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DOCUMENT # P99000083579

1. Entity Name
ALIANDA, INC.

Principal Place of Business
2367 COPPERHILL LOOP
OCOE FL 34761

Mailing Address
2367 COPPERHILL LOOP
OCOE FL 34761



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

175. Osceola Ave
Suite, Apt. #, etc.
Ste 150

3. Mailing Address

175. Osceola Ave
Suite, Apt. #, etc.
Ste 150

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32801

Country

USA

Zip

32801

Country

USA

4. FEI Number **59-3603982**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ERICK, MITCHELL
2367 COPPERHILL LOOP
OCOE FL 34761

7. Name and Address of New Registered Agent

Name **ALIANDA, INC**
 Street Address (P.O. Box Number is Not Acceptable)
175. Osceola Ave
Ste 150
 City **ORLANDO** **FL** Zip Code **32801**

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 *Mitchell Erick*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-16-02
 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, 2002 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

TITLE **P** ☐ Delete
 NAME **MITCHELL, ERICK**
 STREET ADDRESS **2367 COPPERHILL LOOP**
 CITY-ST-ZIP **OCOE FL 34761**

TITLE **VP** ☐ Delete
 NAME **MOYE, DANIEL**
 STREET ADDRESS **601 CONNECTICUT AVE**
 CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: *Mitchell Erick* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02 407.422.2182
 Date Daytime Phone #

CR2E034 (9/01)