

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000093361**1. Entity Name
ALCOCER, INC.

Principal Place of Business

2109 SANDPIPER POINTE

TARPON SPRINGS
34689

FL

Mailing Address

2109 SANDPIPER POINTE

TARPON SPRINGS
34689

FL

2. Principal Place of Business
21 GLADES AVENUE3. Mailing Address
21 GLADES AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TARPON SPRINGS

FL

City & State
TARPON SPRINGS

FL

4. FEI Number
36-4299872

Applied For

Not Applicable

Zip
34689

Country

Zip
34689

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ALCOCER DEBRA
2109 SANDPIPER POINTETARPON SPRINGS
34689

FL

7. Name and Address of New Registered Agent

Name

ALCOCER DEBRA SPRESIDE

Street Address (P.O. Box Number is Not Acceptable)
21 GLADES AVENUECity
TARPON SPRINGS

FL

Zip Code
34689

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 **DEBRA S. ALCOCER**

02/27/2001

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, 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

TITLE S ☐ Delete
NAME ALCOCER PAUL
STREET ADDRESS 2109 SANDPIPER POINTE COURT
CITY-ST-ZIP TARPON SPRINGS FL 34689TITLE PTD ☐ Delete
NAME ALCOCER DEBRA
STREET ADDRESS 2109 SANDPIPER POINTE COURT
CITY-ST-ZIP TARPON SPRINGS FL 34689TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☒ Change ☐ Addition
NAME ALCOCER PAUL
STREET ADDRESS 21 GLADES AVENUE
CITY-ST-ZIP TARPON SPRINGS FL 34689TITLE PTD ☒ Change ☐ Addition
NAME ALCOCER DEBRA
STREET ADDRESS 21 GLADES AVENUE
CITY-ST-ZIP TARPON SPRINGS FL 34689TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **Debra S. Alcocer**

Pres

02/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)