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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

978915

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S25359 Amended

1. Entity Name

ALF ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1805 TENNESSEE AVENUE		1805 TENNESSEE AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LYNN HAVEN FL		City & State: LYNN HAVEN FL	
Zip: 32444	Country: USA	Zip: 32444	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3043530 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name FINCH-MARSHALL, AMY L.

Street Address (P.O. Box Number is Not Acceptable)

1805 TENNESSEE AVENUE

City LYNN HAVEN FL Zip Code 32444

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D	TITLE	
NAME	MARSHALL, AMY L FINCH	NAME	
STREET ADDRESS	2402 COUNTRY CLUB DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	EDWARDS, PATRICIA L	NAME	
STREET ADDRESS	1120 PENNSYLVANIA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	9/16
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia L. Edwards Patricia L. Edwards, Sec. 850.265.4210 9.3.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #