

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36557

1. Entity Name

ALP BOOKKEEPING, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90091 025 ***150.00

0055985

Principal Place of Business

200 ST. ANDREWS BLVD
#1707
WINTER PARK FL 32792
US

Mailing Address

127 W. FAIRBANKS AVE
SUITE #441
WINTER PARK FL 32789
US

2. Principal Place of Business

2222 Ewell Road
Suite, Apt. #, etc.

3. Mailing Address

2222 Ewell Road
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

59-3056198

Applied For

Not Applicable

Zip

33811

Country

Polk

Zip

33811

Country

Polk

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGLER, ALICIA
2450 EWELL RD
LAKELAND FL 33811

7. Name and Address of New Registered Agent

Name
Alicia Sigler
Street Address (P.O. Box Number is Not Acceptable)
2222 Ewell Road
City Lakeland FL Zip Code 33811

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 Alicia Sigler

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

Alicia Sigler

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	SIGLER, ALICIA L	
STREET ADDRESS	2450 EWELL RD	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SIGLER, JAMES	
STREET ADDRESS	2450 EWELL RD	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	S	<input type="checkbox"/> Delete
NAME	HIXON, TERESA	
STREET ADDRESS	5470 EDICOTT PLACE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2222 Ewell Road	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2222 Ewell Rd	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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
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:

Alicia L. Sigler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alicia L. Sigler, President

4-26-01

Date

863648-4850

Daytime Phone #

CR2E034 (10/00)