

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90141 001 ***150.00

DOCUMENT # S67811

1. Entity Name
AL BROTHERS, INC.



Principal Place of Business
**2519 SW 23RD AVE
CAPE CORAL FL 33914**

Mailing Address
**2519 SW 23RD AVE
CAPE CORAL FL 33914**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2519 SW 23RD AVE

3. Mailing Address
2519 SW 23RD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

4. FEI Number **65-0273301**

Applied For
Not Applicable

Zip **33914** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOSTES, ALAN R.
2519 SW 23RD AVE
CAPE CORAL FL 33914**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	GAIZA, GABRIEL	
STREET ADDRESS	4013 E SUNFLOWER CIR	
CITY-ST-ZIP	LA BELLE FL 33935	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOSTES, AL	
STREET ADDRESS	2519 SW 23RD AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOSTES, CAROLYN D	
STREET ADDRESS	2519 SW 23RD AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan R. Jostes **REQUIRED** ALAN R. JOSTES 1-21-03 (239 544-5880)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)