

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S84358

1. Entity Name  
ALSTROM & ASSOCIATES, INC.

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**  
03-23-2001 90005 039 \*\*\*158.75

Principal Place of Business

7140 WEBBER RD  
SARASOTA FL 34240  
US

Mailing Address

7140 WEBBER RD  
SARASOTA FL 34240  
US

2. Principal Place of Business

413 Island Circle

3. Mailing Address

5053 Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

Country

34242 US

Zip

Country

34242 US

4. FEI Number 65-0289044

Applied For

Not Applicable

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

COLE, R. JOHN II PA  
46 N. WASHINGTON BLVD.  
SUITE 24  
SARASOTA FL 34236

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P  
NAME ALSTROM, CLYDE  
STREET ADDRESS 7140 WEBBER RD  
CITY-ST-ZIP SARASOTA FL 34240 ☐ Delete

TITLE P  
NAME Alstrom Clyde  
STREET ADDRESS 413 Island Circle  
CITY-ST-ZIP Sarasota FL 34242 ☒ Change ☐ Addition

TITLE ST  
NAME ALSTROM, ROSE ELLEN  
STREET ADDRESS 7140 WEBBER RD  
CITY-ST-ZIP SARASOTA FL 34240 ☐ Delete

TITLE ST  
NAME Alstrom Rose Ellen  
STREET ADDRESS 413 Island Circle  
CITY-ST-ZIP SARASOTA FL 34242 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: Rose Ellen Alstrom Rose Ellen Alstrom 3/18/01 (941) 346-9128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)