

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90168 003 ***158.75

DOCUMENT # S84358

1. Entity Name

ALSTROM & ASSOCIATES, INC.

Principal Place of Business

**413 ISLAND CIR
 SARASOTA FL 34242
 US**

Mailing Address

**5053 OCEAN BLVD. #136
 SARASOTA FL 34242
 US**

2. Principal Place of Business

723 Jungle Queen Way
 Suite, Apt. #, etc.

3. Mailing Address

723 Jungle Queen Way
 Suite, Apt. #, etc.

City & State

Longboat Key FL

City & State

Longboat Key FL

Zip

34228

Country

USA

Zip

34228

Country

USA

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

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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	P	<input type="checkbox"/> Delete
NAME	ALSTROM, CLYDE	
STREET ADDRESS	413 ISLAND CIR	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALSTROM, ROSE ELLEN	
STREET ADDRESS	413 ISLAND CIR	
CITY-ST-ZIP	SARASOTA FL 34242	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alstrom Clyde	
STREET ADDRESS	723 Jungle Queen Way	
CITY-ST-ZIP	Longboat Key FL 34228	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alstrom Rose Ellen	
STREET ADDRESS	723 Jungle Queen Way	
CITY-ST-ZIP	Longboat Key FL 34228	
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: Rose Ellen Alstrom
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **4/4/02**
 Daytime Phone # **383-8043**

CR2E034 (9/01)