FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OF

Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # V47121** 1. Entity Name ALAN GREGORY, INC. 04-12-2001 90003 017 ***150.00 Principal Place of Business Mailing Address 931 VILLAGE BLVD STE 905-308 931 VILLAGE BLVD STE 905-308 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3130804 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required *-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREGORY, ALAN Street Address (P.O. Box Number is Not Acceptable) 931 VILLAGE BLVD STE 905-308 WEST PALM BEACH FL 33409 Zip Code City FI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Addition CR2E034 (10/00) TITLE TITLE Change NAME GREGORY, ALAN NAME STREET ADDRESS 6500 N MILITARY TRAIL STE 309 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 TITLE Change ☐ Addition TITLE ☐ Delete NAME * NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Defete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE [Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accordate 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 addition, with all other time the corporation of the