

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90972 045 \*\*\*150.00

DOCUMENT #

1. Entity Name

V47121  
ALAN GREGORY INC.

**DO NOT WRITE IN THIS SPACE**

B0057536

2. Principal Place of Business

931 VILLAGE BLVD

Suite, Apt. #, etc.

SUITE 905, PMB 308

City & State

W. PALM BEACH, FL

Zip

33409

Country

USA

3. Mailing Address

931 VILLAGE BLVD.

Suite, Apt. #, etc.

SUITE 905, PMB 308

City & State

W. PALM BEACH, FL 33409

Zip

33409

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3130804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ALAN GREGORY

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

931 VILLAGE BLVD

SUITE 905 #308

City

W. PALM BEACH

FL

Zip Code

33409

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT  
ALAN GREGORY  
931 VILLAGE BLVD, STE 905 #308  
W. PALM BEACH, FL 33409

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SECRETARY-TREASURER  
LUCY GREGORY  
931 VILLAGE BLVD, STE 905 #308  
W. PALM BEACH, FL 33409

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/02

Date

561-846-9370

Daytime Phone #

CR2E034B (12/01)