2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT# V67140

May 05, 2003 8:00 am Secretary of State **FILED**

1. Entity Nam	AL LIQUIDATION, INC.					05-05-2003 91850	005 ***150	0.00	
#1816 PENSACOLA US 2. Principal F	BCH FL 32561 Place of Business North Baylen St.	Mailing Address 4 SABINE DR # 1816 PENSACOLA BEACH FL 32561 US 3. Mailing Address 416 North Baylen St.							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKIN	IG CHANGES		
City & Stat	e acola, FL	City & State Pensacola, FL			4. F	4. FEI Number 65-0365978		Applied For Not Applicable	
Zip 32501		Zip 32501	2501 US		5. Certificate of Status Desired		Fee Require	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		NI	7. N	lame and Address of New Registered	f Agent		
BRUCE, N		··· + + -	-	Street Addres	ss (P.O. Bo	J. Mallett ox Number is Not Acceptable)	·	-	
4 SABINE DR PENSACOLA BCH FL 32561				4	: 16 N	orth Baylen Stree	· C		
					ensa	-			
the obligat	e named entity submits this statement for tions of registered agent.		•		stered age	ent, or both, in the State of Florida. I ar	n familiar with,	and accept	
SIGNATURE	Agnature, typed or pyrited name of registered agent	t and title if applicable.	(NOTE: Register	Agent signature req	juired when rei		-1-03		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				,		Election Campaign Financing Trust Fund Contribution.		0 May Be	
10.	OFFICERS AND	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICERS AF	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S & BRUCE, MARTHA M 4 SABINE DR PENSACOLA BCH FL	☐ Delete		ET ADDRESS 4	artha G. Mallett 16 North Baylen Street ensacola, FL		⊠ Change t	☐ Addition	100/07/ 7001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/ S1			ET ADDRESS 4	/P □ Change ☑ Add Martha G. Mallett 416 North Baylen Street Pensacola, FL			⊠ Addition	נ נ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			P ET ADORESS 4				⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete		T J ET ADDRESS 4	ames 16 No	J. Mallett orth Baylen Stree cola, FL	□ Change t	S Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				:			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete		I .			☐ Change	☐ Addition	

12. Thereby certify that the information supplied with this filling 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.

(850)432.7794