

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90912 046 ***150.00

DOCUMENT # F95000000123

1. Entity Name

ALPHA AIRPORT SERVICES, INC.

Principal Place of Business 8500 PARKLINE BLVD SUITE 100 ORLANDO FL 32809 US	Mailing Address 45025 AVIATION DR STE 350 DULLES VA 20166 +6
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 8500 PARKLINE BLVD Suite, Apt. #, etc. SUITE 100
City & State ORLANDO FL	City & State ORLANDO FL

4. FEI Number 11-3280510	Applied For Not Applicable
-----------------------------	-------------------------------

Zip 32809	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--------------	----------------	--

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 THE COMPANY CORPORATION
 1201 HAYES STREET
 TALLASSEE FL 32303**

7. Name and Address of New Registered Agent

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 _____ (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, 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAUNDERS, JOHN H. 45025 AVIATION DR, STE 350 DULLES VA 20166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS OAKLEY, DAWN E 45025 AVIATION DR, STE 350 DULLES VA 20166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEASY, PATRICK G 45025 AVIATION DR, STE 350 DULLES VA 20166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP SIDDALL, STUART 45025 AVIATION DR, STE 350 DULLES VA 20166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KAPLAN, PAUL 45025 AVIATION DRIVE SUITE 350 STERLING VA 20166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WEVER, HILA 45025 AVIATION DRIVE SUITE 350 STERLING VA 20166	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEWIS, HILARY 8500 PARKLINE BLVD, STE 100 ORLANDO, FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP BUCKLEY, STEVE 8500 PARKLINE BLVD SUITE 100 ORLANDO, FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT THOMAS, IAN 8500 PARKLINE BLVD SUITE 100 ORLANDO, FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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: Patrick G. Deasy PATRICK G. DEASY, DIR. 1/26/01 (407) 888-9902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)