

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90183 009 ***150.00

DOCUMENT # P94000078764

1. Entity Name
ALPHA LASER COMPUTER SUPPLIES, INC.



Principal Place of Business
**319 SE ATLANTIC DR
LANTANA FL 33462
US**

Mailing Address
**319 SE ATLANTIC DR
LANTANA FL 33462
US**



2. Principal Place of Business

562 E Woolbright Rd

Suite, Apt. #, etc.
Suite 103

City & State
BOYNTON BEACH FL

Zip Country
33435 US

3. Mailing Address

562 E Woolbright Rd

Suite, Apt. #, etc.
Suite 103

City & State
BOYNTON BEACH FL

Zip Country
33435 US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0527194**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRATIANNI, GUY
319 SE ATLANTIC DR
LANTANA FL 33462**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	FRATIANNI, GUY	
STREET ADDRESS	13020 SW 103RD TER	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	☐ Delete
NAME	GRAHAM, LAURIE	
STREET ADDRESS	319 SE ATLANTIC DR	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME	Fratianni, Guy	
STREET ADDRESS	319 SE ATLANTIC DR.	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-03 561-577-7041

Date

Daytime Phone #

CR2E034 (10/02)