2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P98000094560 ALPHAPAC, INC. 01-29-2001 90053 032 ***150.00 Principal Place of Business Mailing Address 2607 SOUTH WOODLAND BLVD. SUITE 222 1450 WINDY KNOLL LN. DELAND_FL 32720 DELAND FL 32724 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3544422 Not Applicable Country \$8.75 Additional Zio Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE, ANNE B Street Address (P.O. Box Number is Not Acceptable) 1450 WINDY KNOLL LANE DELAND FL 32724 Zip Code City FL 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 DATE (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE □ Delete TITLE MOORE, ANNE NAME NAME STREET ADDRESS 1450 WINDY KNOLL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 ☐ Addition Change ☐ Delete TITLE MOORE, MICHAEL D NAME STREET ADDRESS 1450 WINDY KNOLL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELAND FL 32724** ☐ Addition ☐ Delete TITLE - Change TITLE NAME MOORE, DAVID M NAME 1450 WINDY KNOLL LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 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 other like empowered.

MICHAEL D. MOORE, VP 1/20/01 904-736-1626

THE ORE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Date

Date