

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704909

1. Entity Name

ALPHA AND OMEGA, INC.

Principal Place of Business

18514 US HIGHWAY 19 NORTH  
UNIT D-2  
CLEARWATER FL 34624  
US

Mailing Address

18514 US HIGHWAY 19 NORTH  
UNIT D-2  
CLEARWATER FL 34642  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6173686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NETHERTON, ADA  
18675 US HIGHWAY 19 NORTH  
CLEARWATER FL 34624

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
COBB, JOHN H JR  
207 TALL PINES DRIVE  
MAGNOLIA TE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HUDSON, ROBERT L  
2050 NW 6TH AVE  
POMPANO BCH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
TUCKER, HUBERT  
RT 6 OX 143A COLSOM RD  
PLANT CITY FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PC  
COLE, SAMUEL  
152 HWY 865  
WINNSBORO LA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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 617, 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 REQUIRED  
SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 17, 2001 8:00 am  
Secretary of State

01-17-2001 90104 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)