

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 372569

1. Entity Name

ALPHA ENGINEERING & SURVEYING, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90003 006 \*\*\*150.00

Principal Place of Business

Mailing Address

4305 HIGHLAND PARK DRIVE  
LAKELAND FL 33813

4305 HIGHLAND PARK DRIVE  
LAKELAND FLA 33813-1671

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

59-1305292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, ROBERT E.  
1225 CHARLES LANE  
LAKELAND FL 33803

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete

NAME WILSON, ROBERT E  
STREET ADDRESS 5303 CHARLES LANE  
CITY-ST-ZIP LAKELAND, FL 00000

TITLE STD ☐ Delete

NAME LAZENBY, ROBERT E. II  
STREET ADDRESS 1110 KNIGHTS PLACE  
CITY-ST-ZIP LAKELAND FL

TITLE V ☐ Delete

NAME WILSON, MARK E  
STREET ADDRESS #4 HOLLINGWORTH DR  
CITY-ST-ZIP LAKELAND FL

TITLE V ☐ Delete

NAME LAZENBY, ROBERT IV  
STREET ADDRESS 1113 S. WIGGINS ROAD  
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☒ Addition

Vice President

NAME ☐ Change ☒ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ 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 or supplementing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00  
Date

863-646-8571  
Daytime Phone #

CR2E034 (9/99)