

# 2002 UNIFORM BUSINESS REPORT (UBR)

0012573 AT

**DOCUMENT # A30124**

1. Entity Name  
**ALPHA MAX, LIMITED PARTNERSHIP**

Principal Place of Business  
**1061 E. INDIANTOWN RD., SUITE 200  
JUPITER FL 33477**

Mailing Address  
**1061 E. INDIANTOWN RD., SUITE 200  
JUPITER FL 33477**

**FILED**  
**02 APR 24 PM 2:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **13-3139230**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	NICHOLSON, DAVID J.S.
NAME	1061 E. INDIANTOWN RD., SUITE 200
STREET ADDRESS	JUPITER FL 33477
CITY-ST-ZIP	
DOCUMENT #	F93000004853
NAME	YORK MANAGEMENT & RESEARCH, INC.
STREET ADDRESS	1061 E. INDIANTOWN RD., SUITE 200
CITY-ST-ZIP	JUPITER FL 33477
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800005393008--9
CITY-ST-ZIP	-04/30/02--01059--013 ****141:25 ****141:25
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *LeAnne Nicholson* **LeAnne Nicholson** 4/18/2002 561-743-6733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)