

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004590

1. Entity Name

ALPHANATIONAL TECHNOLOGY SERVICES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90051 007 ***150.00

Principal Place of Business

Mailing Address

5161 BEACH BLVD
JACKSONVILLE FL 32207
US

5161 BEACH BLVD
JACKSONVILLE FL 32207-5049
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-2432893**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JACKSON, ART
9731 SW 195TH CIRCLE
DUNNELLON FL 34432

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	P	<input type="checkbox"/> Delete
NAME	WHITESIDE, LARRY	
STREET ADDRESS	1608 WEYLAND DR	
CITY-ST-ZIP	W. RICHLAND HILLS TX 76180	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOSTIN, BRIAN	
STREET ADDRESS	2006 KRE CT	
CITY-ST-ZIP	COLLEYVILLE TX 76034	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAPER, CHARLES	
STREET ADDRESS	12408 BREALL LN	
CITY-ST-ZIP	POTOMAC MD 20864	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSENTHAL, WILLIAM A	
STREET ADDRESS	3701 KELVIN AVE	
CITY-ST-ZIP	FT WORTH TX 76133	
TITLE	V	<input type="checkbox"/> Delete
NAME	HORN, MORRIS	
STREET ADDRESS	7205 BENDBURY	
CITY-ST-ZIP	FT WORTH TX 76133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WM A ROSENTHAL 5-1-00 817-591-7229 X231

CR2E034 (9/99)