

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003631

1. Entity Name

ALPHASERV.COM, INC.

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

02-24-2000 90057 027 ***158.75

Principal Place of Business

2722 SOUTH FAIRVIEW STREET
ATTN: LEGAL DEPARTMENT
SANTA ANA CA 92704

Mailing Address

2722 SOUTH FAIRVIEW STREET
ATTN: LEGAL DEPARTMENT
SANTA ANA CA 92704-5947

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

95-3108178

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

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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	PCEO	<input type="checkbox"/> Delete
NAME	TULLIO, DOUGLAS J	
STREET ADDRESS	2722 SOUTH FAIRVIEW STREET	
CITY-ST-ZIP	SANTA ANA CA 92704	
TITLE	V	<input type="checkbox"/> Delete
NAME	GLADE, JOHN F	
STREET ADDRESS	2722 SOUTH FAIRVIEW STREET	
CITY-ST-ZIP	SANTA ANA CA 92704	
TITLE	VCFO	<input checked="" type="checkbox"/> Delete
NAME	DUNNIGAN, JEFFREY J	
STREET ADDRESS	2722 SOUTH FAIRVIEW STREET	
CITY-ST-ZIP	SANTA ANA CA 92704	
TITLE	V	<input type="checkbox"/> Delete
NAME	MICHAEL, DENNIS E	
STREET ADDRESS	2722 SOUTH FAIRVIEW STREET	
CITY-ST-ZIP	SANTA ANA CA 92704	
TITLE	V	<input type="checkbox"/> Delete
NAME	DEVITO, JOHN T	
STREET ADDRESS	900 HUYLER STREET	
CITY-ST-ZIP	TETERBORO NJ 07608	
TITLE	D	<input type="checkbox"/> Delete
NAME	YAU, SAM	
STREET ADDRESS	17 CIPRIANI	
CITY-ST-ZIP	IRVINE CA 92606	

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
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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:

Douglas J. Tullio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

(714) 957-8500

Daytime Phone #

CR2E034 (9/99)