

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90114 009 ***150.00

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1. Entity Name
ALPHA SHIRT COMPANY



Principal Place of Business
401 EAST HUNTING PARK AVENUE
PHILADELPHIA PA 19124

Mailing Address
401 EAST HUNTING PARK AVENUE
PHILADELPHIA PA 19124

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 **34-1891095**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE ✓	SD <input type="checkbox"/> Delete
NAME	BERG, RONALD
STREET ADDRESS	809 WALCOTT DRIVE
CITY-ST-ZIP	PHILADELPHIA PA 19124-6075
TITLE	V <input type="checkbox"/> Delete
NAME	FRANK, THOMAS
STREET ADDRESS	401 E HUNTING PARK AVE
CITY-ST-ZIP	PHILADELPHIA PA 19124
TITLE ✓	SD <input type="checkbox"/> Delete
NAME	NEILL, RONALD H
STREET ADDRESS	1400 MCDONALD INVESTMENT CENTER
CITY-ST-ZIP	CLEVELAND OH 44114
TITLE ✓	ATD <input type="checkbox"/> Delete
NAME	PERRY, STEPHEN B
STREET ADDRESS	5900 LANDERBROOK DRIVE
CITY-ST-ZIP	MAYFIELD HEIGHTS OH 44124
TITLE ✓	D <input type="checkbox"/> Delete
NAME	BACON, ERIC V
STREET ADDRESS	5900 LANDERBROOK DRIVE
CITY-ST-ZIP	MAYFIELD HEIGHTS OH 44124
TITLE ✓	D <input type="checkbox"/> Delete
NAME	LINSALATA, FRANK N
STREET ADDRESS	5900 LANDERBROOK DRIVE
CITY-ST-ZIP	MAYFIELD HEIGHTS OH 44124

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Schecker
STREET ADDRESS	1905 E. 6th Street
CITY-ST-ZIP	Cleveland OH 44114
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Sims
STREET ADDRESS	670 Alpha Drive
CITY-ST-ZIP	Highland Heights, OH 44143
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Sullivan
STREET ADDRESS	20600 Chagrin Blvd
CITY-ST-ZIP	Shaker Heights, OH 44122
TITLE	D P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen Menard
STREET ADDRESS	401 E. Hunting Park Ave.
CITY-ST-ZIP	Philadelphia, PA 19124
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	

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 607, 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

Daytime Phone #

CR2E034 (10/02)