

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G20077

1. Entity Name

ALPHA COMMUNICATIONS, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90001 040 ***150.00

Principal Place of Business

255 US 90 W
BALDWIN FL 32234

Mailing Address

255 US 90 W
BALDWIN FL 32234
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 155

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Baldwin, FL

Zip

Country

Zip
32234

Country

USA

4. FEI Number 59-2273070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NEAL, DANIEL
255 US 90 W
BALDWIN FL 32234

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

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	O'NEAL, DANIEL L.	
STREET ADDRESS	BOX 87, HAMBONE PRIVATE DR	
CITY-ST-ZIP	BRYCEVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	O'NEAL, BETTY B.	
STREET ADDRESS	BOX 87, HAMBONE PRIVATE DR.	
CITY-ST-ZIP	BRYCEVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	O'NEAL, EDGAR L.	
STREET ADDRESS	RTE 1 BOX 1529B	
CITY-ST-ZIP	BRYCEVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7400 Hambone Dr.	
CITY-ST-ZIP	Bryceville, FL 32009	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7400 Hambone Dr	
CITY-ST-ZIP	Bryceville, FL	
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

3/20/01 904/266-7715
Date Daytime Phone #

CR2E034 (10/00)