

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J57686

FILED
Mar 21, 2003
Secretary of State

Entity Name: ALPHA AIR SERVICES, INC.

Current Principal Place of Business:

% GARY L. HEADLEY
48115 PLEASANT GROVE RD
INVERNESS, FL 34452

New Principal Place of Business:

% GARY L. HEADLEY
4811 S. PLEASANT GROVE RD
INVERNESS, FL 34452

Current Mailing Address:

% GARY L. HEADLEY
5290 SOUTH ROMANS AVENUE
INVERNESS, FL 32652

New Mailing Address:

% GARY L. HEADLEY
5290 SOUTH ROMANS AVENUE
INVERNESS, FL 34452

FEI Number: 59-2802968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEADLEY, GARY L.
5290 SOUTH ROMANS AVENUE
INVERNESS, FL 34452 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEADLEY, GARY L.,
Address: 5290 SOUTH ROMANS AVENUE
City-St-Zip: INVERNESS, FL

Title: STD () Delete
Name: HEADLEY, SCOTT A.,
Address: 5290 SOUTH ROMANS AVENUE
City-St-Zip: INVERNESS, FL

Title: VPD () Delete
Name: HEADLEY, PATRICIA E.,
Address: 5290 SOUTH ROMANS AVENUE
City-St-Zip: INVERNESS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. HEADLEY

PRES

03/21/2003

Electronic Signature of Signing Officer or Director

Date