

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90042 008 ***150.00

DOCUMENT # K88281

1. Entity Name
ALPHA AIR SYSTEMS, INC.

Principal Place of Business

71 COREY CIRCLE

%FRANK LIGOCKI, P.O. BOX 47802 *delete PO*

ST PETE BCH FL 33706

US

Mailing Address

71 COREY CIRCLE

%FRANK LIGOCKI, P.O. BOX 47802 *delete P.O.*

ST PETE BCH FL 33706

US

2. Principal Place of Business

71 Corey Circle

Suite, Apt. #, etc.

3. Mailing Address

71 Corey Circle

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
St Pete Bch, FL

City & State
St Pete Bch FL

4. FEI Number
59-2949296

Applied For
☐ Not Applicable

Zip
33706

Country
USA

Zip
33706

Country
USA

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

6. Name and Address of Current Registered Agent

LIGOCKI, FRANK
71 COREY CIRCLE
ST PETE BEACH FL 33706

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

FRANK K LIGOCKI

4/5/2002

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, 2002 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
D ☐ Delete
NAME
LIGOCKI, FRANK
STREET ADDRESS
71 COREY CIRCLE
CITY-ST-ZIP
ST PETE BCH FL

TITLE
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NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
☐ Change ☒ Addition
NAME
☐ Change ☒ Addition
STREET ADDRESS
☐ Change ☒ Addition
CITY-ST-ZIP
33706

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

FRANK K LIGOCKI

Date

Daytime Phone

4/5/2002

CR2E034 (9/01)