

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L93000000305**

1. Entity Name

ALPHA TEN LIMITED COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 9:42

Principal Place of Business

10936 N 56TH STREET
SUITE 202
TEMPLE TERRACE FL 33617

Mailing Address

10936 N 56TH STREET
SUITE 202
TEMPLE TERRACE FL 33617-3027



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3199764

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAM, BELVA
10936 N. 56TH ST.
SUITE 202
TEMPLE TERRACE FL 33617

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **BELVA WILLIAMS INC.**
CITY-ST-ZIP **10936 56TH STREET #202**
TEMPLE TERRACE FL 33617

TITLE ☐ Delete
NAME **MR**
STREET ADDRESS **PROFESSIONAL REHAB INC.**
CITY-ST-ZIP **806 W. COLUMBUS DR.**
TAMPA FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Belva Williams **SIGNATURE REQUIRED** *Belva Williams*

Date

Daytime Phone #

2-15-00

CR2E083 (9/99)