

APPROVED
AND
FILED

01 JUN 29 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006581

1. Entity Name

ALPHA TECHNOLOGY GROUP, INC.

Principal Place of Business

25400 US 19 NORTH, #180
CLEARWATER FL 33763

Mailing Address

25400 US 19 NORTH, #180
CLEARWATER FL 33763

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, GLORIA D
25400 US 19 NORTH, #180
CLEARWATER FL 33763

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 see if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution, ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D President
NAME Gloria Campbell
STREET ADDRESS 1077 Weathersfield Dr
CITY-ST-ZIP Dunedin FL 34698 ☐ DeleteTITLE D Treasurer
NAME William Campbell
STREET ADDRESS 1077 Weathersfield Dr
CITY-ST-ZIP Dunedin FL 34698 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE D
NAME DALE DIXON
STREET ADDRESS 3507 Shoreland
CITY-ST-ZIP Charlotte NC 28277 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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)(f), 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 617, 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 AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/24/01

Date

727-6697488

Daytime Phone #

CRE037 (10/00)