

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90438 031 \*\*\*\*61.25

DOCUMENT # **NO-10000014M3**

1. Entity Name

**Alpha 3 Omega Resource  
Center, Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**9 West Hammon Drive**  
Suite, Apt. #, etc.

3. Mailing Address

**734 S. Central Ave.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Apopka, FL**

Zip  
**32703**

Country  
**U.S.A**

City & State  
**Apopka, FL**

Zip  
**32703**

Country  
**U.S.A**

4. FEI Number

**59-3721273**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Abigail Glasgow**

Street Address (P.O. Box Number is Not Acceptable)  
**9 West Hammon Drive**

City  
**Apopka**

FL

Zip Code  
**32703**

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 registering)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
Director/President	Abigail Glasgow	9 West Hammon Drive	Apopka, FL 32703
Vice President	Patricia Alston	104 S. Kirtman Rd #15	Orlando, FL 32808
Treasurer	Louise Billingsley	4837 Indiatlantic Drive	Orlando, FL 32808

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

**Abigail S. Glasgow** President/Director **5/1/02**