

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005081

FILED
Jun 04, 2002 8:00 AM
Secretary of State

Entity Name: ALPHA LEARNING CENTERS, INC.

Current Principal Place of Business:

346 NORTH VOLUSIA AVENUE
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 0214
LAKE HELEN, FL 32744

New Mailing Address:

FEI Number: 59-3733009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEMARY, GOMEZ
408 AUSTIN STREET
LAKE HELEN, FL 32744

Name and Address of New Registered Agent:

ROSEMARY, GOMEZ
250 ROSE AVENUE
LAKE HELEN, FL 32744

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: ROSEMARY GOMEZ

06/04/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOMEZ, ROSEMARY
Address: 408 AUSTIN STREET
City-St-Zip: LAKE HELEN, FL 32744

Title: V () Delete
Name: GOMEZ, NICOLAS JR.
Address: 408 AUSTIN STREET
City-St-Zip: LAKE HELEN, FL 32744

Title: S () Delete
Name: GOMEZ, SARINA M
Address: 408 AUSTIN STREET
City-St-Zip: LAKE HELEN, FL 32744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: GOMEZ, ROSEMARY
Address: 250 ROSE AVENUE
City-St-Zip: LAKE HELEN, FL 32744

Title: V/D (X) Change () Addition
Name: GOMEZ, NICOLAS JR.
Address: 250 ROSE AVENUE
City-St-Zip: LAKE HELEN, FL 32744

Title: S/D (X) Change () Addition
Name: GOMEZ, SARINA M
Address: 250 ROSE AVENUE
City-St-Zip: LAKE HELEN, FL 32744

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

SIGNATURE: ROSEMARY GOMEZ

P

06/04/2002

Electronic Signature of Signing Officer or Director

Date