

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N40463

FILED
Aug 01, 2002
Secretary of State

Entity Name: THE ALTERNATIVE SOUTH, INC.

Current Principal Place of Business:

7045 NORTH CASTLEBERRY ROAD
HERNANDO, FL 34442 US

New Principal Place of Business:

5610 KELLY DR. N
ST PETERSBURG, FL 33703 US

Current Mailing Address:

7045 NORTH CASTLEBERRY ROAD
HERNANDO, FL 34442 US

New Mailing Address:

5610 KELLY DR. N
ST. PETERSBURG, FL 33703 US

FEI Number: 59-3139131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYER, PATRICIA J.
7045 N. CASTLEBERRY ROAD
HERNANDO, FL 34442 US

Name and Address of New Registered Agent:

MOYER, PATRICIA J.
5610 KELLY DR. N
ST. PETERSBURG, FL 33703 US

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:

08/01/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MOYER, PATRICIA J.
Address: 7045 N. CASTLEBERRY RD.
City-St-Zip: HERNANDO, FL 34442

Title: SD () Delete
Name: ZYLKA, BROOKE
Address: 4603 TARAY LANE
City-St-Zip: HOLIDAY, FL

Title: VD () Delete
Name: STRICKROOT, FRED
Address: 4603 TARAY LANE
City-St-Zip: HOLIDAY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: MOYER, PATRICIA J.
Address: 7045 N. CASTLEBERRY RD.
City-St-Zip: HERNANDO, FL 34442

Title: SD (X) Change () Addition
Name: ZYLKA, BROOKE
Address: 4603 TARAY LANE
City-St-Zip: HOLIDAY, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICIA J. MOYER

PTD

08/01/2002

Electronic Signature of Signing Officer or Director

Date