

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-25-2002 90198 022 \*\*\*163.75

DOCUMENT # **P00000010013**

1. Entity Name **ALPHA MARKETING &  
RESEARCH GROUP INC.**

**DO NOT WRITE IN THIS SPACE**

**80135028**

2. Principal Place of Business <b>6904 Cortez Rd W</b>		3. Mailing Address <b>6904 Cortez Rd W</b>	
Suite, Apt. #, etc. <b>LANE 12 # 139</b>		Suite, Apt. #, etc. <b>LANE 12 # 139</b>	
City & State <b>BRADENTON FL</b>		City & State <b>BRADENTON FL</b>	
Zip <b>34209</b>	Country <b>USA</b>	Zip <b>34209</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0973918</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>JAMES A. LARSEN</b>
Street Address (P.O. Box Number is Not Acceptable) <b>6904 Cortez Rd W.</b>
<b>LANE 12 Lot 139</b>
City <b>BRADENTON</b> FL Zip Code <b>34209</b>

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P S D JAMES A. LARSEN 6904 Cortez Rd W. L12 #139 BRADENTON FL 34209</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statute. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-19-02-941-794-3307**

CR2E034B (12/01)

8-19-02  
I am filing late as I do not  
remember get any forms this year.  
Also we have had a death as  
we did not operate for 5 months.  
Please find enclosed a Check for 163<sup>75</sup>

150<sup>00</sup> Filing

8<sup>25</sup> Cent Fee

5<sup>00</sup> Election Contribution

John A. Z

I have also change from a  
Corporation to S corporation  
For this year.