

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am  
Secretary of State

01-26-2001 90043 011 \*\*\*150.00

DOCUMENT # P00000051845

1. Entity Name

ALPHA & OMEGA CATERING, INC.

Principal Place of Business

6306 FORRESTER DRIVE  
BRADENTON FL 34202

Mailing Address

6306 FORRESTER DRIVE  
BRADENTON FL 34202

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

65-1012360

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

TROYER, PAMELA  
7543 N. LEEWYNN DRIVE  
SARASOTA FL 34240

Name

James Cole Jr

Street Address (P.O. Box Number is Not Acceptable)

6306 Forrester Dr

City

Bradenton

FL

Zip Code

34202

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

*James Cole Jr*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-19-01

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COLE, JAMES JR.  
CITY-ST-ZIP 6306 FORRESTER DRIVE  
BRADENTON FL 34202

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COLE, LINDA  
CITY-ST-ZIP 6306 FORRESTER DRIVE  
BRADENTON FL 34202

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James Cole Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-01

Date

Daytime Phone #

941-753-5974

CR2E034 (10/00)

804740  
Doc# P00000051845

TROYERS BUSINESS SERVICES  
7543 N LEEWYNN DR  
SARASOTA FL 34240  
941-378-4171

James

~~Alpha~~ & Omega Catering Inc  
oops! Alpha

DATE 1/12/01

FORM Annual Report Fee

INSTRUCTIONS FOR FILING FLORIDA TAX RETURN

DATE DUE: 1/31 20 00

AMOUNT OF TAX:

☐ NO REMITTANCE REQUIRED

☒ ENCLOSE CHECK FOR \$ 150.00 PAYABLE TO: Dept of State

☐ ADDITIONAL PAYMENTS WILL BE AS FOLLOWS:

FORM	DATE	\$
FORM	DATE	\$
FORM	DATE	\$

OVERPAYMENT:

☐ YOUR TAX HAS BEEN OVERPAID BY \$

\$ WILL BE REFUNDED TO YOU

\$ WILL BE APPLIED TO YOUR TAX FOR 20

SIGNATURES REQUIRED:

☐ NO SIGNATURE REQUIRED

☒ THE RETURN SHOULD BE SIGNED AND DATED ON PAGE(S) Lines 8+13 BY:

☐ TAXPAYER

☒ AN OFFICER OF THE CORP.

☐ TAXPAYER AND SPOUSE

☐ OTHER

☐ SIGNATURE MUST BE NOTARIZED

MAILING INSTRUCTIONS:

☐ INTERNAL REVENUE SERVICE - ATLANTA GA 39901

☐ INTERNAL REVENUE SERVICE - PO BOX - ATLANTA GA 30348-

☐ FLORIDA DEPT OF REVENUE - 5050 W TENNESSEE STREET -  
TALLAHASSEE FL 32399-

☐ DIVISION OF UNEMPLOYMENT COMPENSATION - 107 E. MADISON STREET -  
TALLAHASSEE FL 32399-0212

☐ INTERNAL REVENUE SERVICE - AUSTIN TX 73301

☐ SOCIAL SECURITY ADMINISTRATION - DATA OPERATIONS CENTER  
WILKES-BARRE PA 18769-0001

☐ DELIVER WITH REMITTANCE TO YOUR BANK

☒ SEND CERTIFIED MAIL - RETURN RECEIPT

☒ OTHER:

envelope Attached