

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

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90567 015 ***150.00

DOCUMENT # P01000021560

1. Entity Name

ALPHA INSTITUTE OF SOUTH FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11849 BLACKWOODS LANE

3. Mailing Address
11849 BLACKWOODS LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

4. FEI Number
65-1096838

Applied For
Not Applicable

Zip
33412

Country
USA

Zip
33412

Country
USA

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 DAVID L. CREEF

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

11849 BLACKWOODS LANE

City WEST PALM BEACH

FL

Zip Code 33412

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

David Creef

DAVID L. CREEF,

3/28/02

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 D
NAME DAVID L. CREEF
STREET ADDRESS 11849 BLACKWOODS LANE
CITY - ST - ZIP WEST PALM BEACH, FL 33412

TITLE D
NAME ERIN M. CREEF
STREET ADDRESS 11849 BLACKWOOD LANE
CITY - ST - ZIP WEST PALM BEACH, FL 33412

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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE

David Creef

DAVID L. CREEF

3/28/02

(561) 845-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)