2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000028659

1. Entity Name

ALPHÁ SERVICES & CONTRACTING, INC.



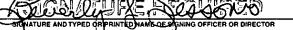
FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90097 034 ***158.75

Principal Place of Business POST OFFICE BOX 721431 ORLANDO FL 32872				Mailing Address POST OFFICE BOX 721431 ORLANDO FL 32872									
2. Principal Place of Business				3. Mailing Address						DIEL BRIIK BRIIK		1116 0 (0 11 100)	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 59-3704435 Applied For Not Applicable					
Zip Country			Zip	Zip Count				5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current F				legistered Agent			7.	Name and	Address of New	Registered			
	-	Name	٠	المعتبدة المحالية				magan					
SESSOMS, ROBERT E				-			Street Address (P.O. Box Number is Not Acceptable)						
14202 NEL											rn-		
ORLANDO FL 32832										•			
										FI	Zip Cod	ie	
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. I am familiar with, and accept													
the obligat	ions of registe	ered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
	Signature, typed	or printed name of regis	tered agent and title if app	licable. (NOTE	:: Registere	d Agent signatu	re required when r	reinstating)		DATÉ			
2 After	May 1, 200	! FEE IS \$150 3 Fee will be \$ Florida Depar	550.00	State					ction Campaign I st Fund Contribu	_		00 May Be d to Fees	
10. OFFICERS AND			RS AND DIRECTO	DIRECTORS 11.			Αí	DDITIONS/	CHANGES TO O	FFICERS AN	D DIRECTOR	RS IN 11	
TITLE	D			☐ Delete	TITLE						Change	☐ Addition	
	SESSOMS, ROBERT E 14202 NELL DRIVE					NAME OTREET ADDRESS							
	ORLANDO			•		STREET ADDRESS CITY-ST-ZIP							
TITLE	ח			□ Delete	TITLE				ral		Change	Addition	
	SESSOMS,	BEVERLY J		□ Delete		NAME							
	s 14202 NELL DRIVE					ET ADDRESS							
CITY-ST-ZIP	ORLANDO	FL 32832			CITY	-ST-ZIP							
TITLE				☐ Delete	TITLE						Change	☐ Addition	
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NAME					NAM.								
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST~ZIP							
0111-31-4 1 *					UIST	-OI"EIT							

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



23 03 407-736-/300 Date Dayline Phone #