

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90033 018 ***150.00

DOCUMENT # P01000107700

1. Entity Name

ALPHA DESIGN & REMODELING, INC.

Principal Place of Business

**2312 W. WATERS AVENUE #2
TAMPA FL 33604**

Mailing Address

**2312 W. WATERS AVENUE #2
TAMPA FL 33604**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2312 W. Waters Ave.

3. Mailing Address

2312 W. Waters Ave.

Suite, Apt. #, etc.

Suite #2

Suite, Apt. #, etc.

Suite #2

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33604

Country

USA

Zip

33604

Country

USA

4. FEI Number

59-3755101

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHECKELS, MARIA D

2312 W. WATERS AVENUE #2

TAMPA FL 33604

7. Name and Address of New Registered Agent

Name

Same

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

Same

City

FL

Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **PD** ☐ Delete
NAME **SHECKELS, MARIA D**
STREET ADDRESS **2312 W. WATERS AVENUE #2**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **VD** ☒ Delete
NAME **ARCOS, ALEXANDRA**
STREET ADDRESS **4714 N. HABANA AVENUE #1815**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **VD** ☒ Delete
NAME **SANCHEZ, SANDRA L**
STREET ADDRESS **4714 N. HABANA AVENUE #1815**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **STD** ☒ Delete
NAME **PAGE, JENNIFER L**
STREET ADDRESS **6507 SAND PEBBLE AVENUE**
CITY-ST-ZIP **TAMPA FL 33637**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President / Treasurer** ☒ Change ☐ Addition
NAME **Sheckels, maria D.**
STREET ADDRESS
CITY-ST-ZIP **VP & Secretary**

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

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

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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:

Maria D. Sheckels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (813) 931-8807

Date

Daytime Phone #

CR2E034 (9/01)