FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90967 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000107700

1. Entity Name
ALPHA DESIGN & REMODELING, INC.

Principal Place of Business	Mailing Address
2312 W. WATERS AVENUE #2 TAMPA, FL 33604	2312 W. WATERS AVENUE #2 TAMPA, FL 33604

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2910 W WATERS AV		2910 W WATERS AV	
Suite, Apt. #, etc.: SUITE 100		Suite, Apt. #, etc.: SUITE 100	
City & State: TAMPA FLORIDA		City & State: TAMPA FLORIDA	
Zip: 33614	Country: USA	Zip:	Country:

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:
Street Address (P.O. Box Number Is Not Acceptable): 1420 W MEADOWBROOK AV
City: TAMPA FL Zip Code: 33612

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 obligations of registered agent.

SIGNATURE [signature] 04/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTVS ☐ Delete	TITLE	PTVS ☑ Change ☐ Addition
NAME	SHECKLES, MARIA D	NAME	SHECKLES MARIA D
STREET ADDRESS	2312 W. WATERS AVENUE #2	STREET ADDRESS	1420 W MEADOWBROOK AV
CITY-ST-ZIP	TAMPA, FL 33604	CITY-ST-ZIP	TAMPA FL 33612
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] 04/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #