

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000114573

FILED  
Apr 11, 2002 8:00 AM  
Secretary of State

**Entity Name:** ALPHA AIR CONDITIONING & APPLIANCES, INC.

**Current Principal Place of Business:**

7667 W SAMPLE RD, SUITE 170  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

7667 W SAMPLE RD, SUITE 170  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 01-0577056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, BARBARA A  
5186 NW 52 ST  
COCONUT CREEK, FL 33073 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILSON, BARBARA  
Address: 7667 W SAMPLE RD, SUITE 170  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V (X) Delete  
Name: LEWANDOWSKI, MATT  
Address: 7667 W SAMPLE RD, SUITE 170  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** BARBARA WILSON

D

04/11/2002

Electronic Signature of Signing Officer or Director

Date