

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90157 029 \*\*\*150.00

0565118 AV

**DOCUMENT # P02000014327**

1. Entity Name  
**ALFA TEC, INC.**



Principal Place of Business  
**3713B ALTERNATE 19 NORTH  
PALM HARBOR FL 34683**

Mailing Address  
**3713B ALTERNATE 19 NORTH  
PALM HARBOR FL 34683**

2. Principal Place of Business  
**3713C ALTERNATE 19 N**

3. Mailing Address  
**3713C ALTERNATE 19 N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**PALM HARBOR, FL 34683**

City & State  
**PALM HARBOR, FL 34683**

4. FEI Number  
**02-0544390**

Applied For  
Not Applicable

Zip  
**34683**

Country  
**USA**

Zip  
**34683**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PATTON, ANN~~  
~~20605 U.S. HIGHWAY 19 NO.~~  
~~SUITE 140~~  
~~CLEARWATER FL 33761~~

Name  
**MELISSA ELBIRLIER**  
Street Address (P.O. Box Number is Not Acceptable)  
**3713C ALTERNATE 19 N**  
City  
**PALM HARBOR** FL Zip Code  
**34683**

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 *Melissa M Elbirlier*

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT**  
**MURT ELBIRLIER**  
**3713C ALTERNATE 19 NORTH**  
**PALM HARBOR, FL 34683**

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

TITLE  
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☐ Change ☐ Addition

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: *Melissa M Elbirlier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/04/2003 (M) 937 7366**

Date Daytime Phone #

CR2E034 (10/02)