

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 16, 2000 8:00 am
Secretary of State

04-19-2000 90017 012 ***150.00

DOCUMENT # P93000006195

1. Entity Name

ALPHA CONTRACT SALES, INC.

Principal Place of Business

**430 PARK PLACE BLVD STE 600
CLEARWATER FL 33759**

Mailing Address

**430 PARK PLACE BLVD STE 600
CLEARWATER FL 33759-3926**

2. Principal Place of Business

**311 Park Place Blvd.
Suite, Apt. #, etc.
Suite 225**

3. Mailing Address

**311 Park Place Blvd.
Suite, Apt. #, etc.
Suite 225**

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

65-0385039

Applied For

Not Applicable

Zip

33759

Country

USA

Zip

33759

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCINTOSH, S M
430 PARK PLACE BLVD STE 600
CLEARWATER FL 33759**

7. Name and Address of New Registered Agent

Name

Rita A. Lombardi

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

311 Park Place Blvd.

Suite 225

City

Clearwater

FL

Zip Code

33759

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 **Rita A. Lombardi**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/3/00

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, 2000 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 **MONTIE, C L**
STREET ADDRESS **430 PARK PLACE BLVD STE 600**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **S** ☐ Delete
NAME **LOMBARDI, RITA A.**
STREET ADDRESS **430 PARK PLACE BLVD STE 600**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PD** ☒ Change ☐ Addition
NAME **Montie, C L**
STREET ADDRESS **311 Park Place Blvd., Suite 225**
CITY-ST-ZIP **Clearwater, FL 33759**

TITLE **S** ☒ Change ☐ Addition
NAME **Lombardi, Rita A.**
STREET ADDRESS **311 Park Place Blvd., Suite 225**
CITY-ST-ZIP **Clearwater, FL 33759**

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

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

TITLE ☐ Change ☐ Addition
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:

Rita A. Lombardi

Date

(727) 726-3310

Corporate Secretary

CR2E034 (9/99)