

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90133 006 ***150.00

DOCUMENT # P93000006195

1. Entity Name
ALPHA CONTRACT SALES, INC.



Principal Place of Business
**311 PARK PLACE BLVD
STE 225
CLEARWATER FL 33759
US**

Mailing Address
**13777 BELCHER ROAD
LARGO FL 33771**

2. Principal Place of Business

3. Mailing Address

13777 BELCHER ROAD S.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LARGO, FL.

4. FEI Number **65-0385039**

Applied For

Not Applicable

Zip

Country

Zip

Country

33771

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

**POWELL, MARY C
13642 SERENA DRIVE
LARGO FL 33774**

Name

CAROL L. MONTIE

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

8673 PINETREE DRIVE NORTH

City

SEMINOLE

FL

Zip Code
33772

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, typed or printer

(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
**PS
POWELL, MARY C
13642 SERENA DRIVE
LARGO FL 33774** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
CAROL L. MONTIE
8673 PINETREE DRIVE NORTH
SEMINOLE, FL. 33772** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ 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 original signature like empowered.

SIGNATURE:

SIGNATURE

TYPED OR PRINTED NAME

OFFICER OR DIRECTOR

1/28/03

Date

727-726-3310

Daytime Phone #

CR2E034 (10/02)