2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91098 016 ***150.00

DOCUMENT # P93000034525

1. Entity Name
ALPHA SYSTEMS ENGINEERING CORPORATION

Principal Place of Business	Mailing Address
8979 PALOS VERDE DRIVE ORLANDO FL 32825	8979 PALOS VERDE DR ORLANDO FL 32825 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1119 Arbor Glen Circle	1119 Arbor Glen Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Springs, FL	City & State: Winter Springs, FL
Zip: 32708 Country:	Zip: 32708 Country:

4. FEI Number 59-3186254 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARDS, KEITH R
8979 PALOS VERDE DRIVE
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1119 Arbor Glen Circle
City: Winter Springs, FL Zip Code: 32708

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD RICHARDS, KEITH R 8979, PALOS VERDE DRIVE ORLANDO FL 32825 ☐ Delete	☐ Change ☐ Addition 1119 Arbor Glen Circle Winter Springs, FL 32708
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARDS, KATHY L 8979, PALOS VERDE DRIVE ORLANDO FL 32825 ☐ Delete	☐ Change ☐ Addition 1119 Arbor Glen Circle Winter Springs, FL 32708
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

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: Kathy L. Richards 4/27/01 407/696-8775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)