

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT.# P94000064116

1. Entity Name

ALPHA COMPUTER SERVICES, INC.

FILED

01 APR -9 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
250 Altamonte Commerce Blvd. 250 Altamonte Commerce Blvd.
Altamonte Springs, FL 32714 Altamonte Springs, FL 32714

2. Principal Place of Business 3. Mailing Address
1255 Lakes Parkway 1255 Lakes Parkway

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 100 Suite 100

City & State City & State
Lawrenceville, GA Lawrenceville, GA

Zip Country Zip Country
30043 USA 30043 USA

4. FEI Number Applied For
593264549 Not Applicable

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

6. Name and Address of Current Registered Agent

Grimm, William A.
201 E. Pine Street
Suite 500
Orlando, FL 32801

7. Name and Address of New Registered Agent

Name
F & L Corp.
Street Address (P.O. Box Number is Not Acceptable)
The Greenleaf Building
200 Laura Street, 3rd Floor
City Jacksonville FL Zip Code 32201-0240

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[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 \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME Ray, Randall
STREET ADDRESS 256 Newgate Loop
CITY-ST-ZIP Heathrow, FL

TITLE D ☒ Delete
NAME Lewis, Wendy R.
STREET ADDRESS 256 Newgate Loop
CITY-ST-ZIP Heathrow, FL

TITLE P ☒ Delete
NAME Warren, Richard D.
STREET ADDRESS 556 S. Longview Place
CITY-ST-ZIP Longwood, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Blanchard, James M.
STREET ADDRESS 1255 Lakes Parkway, Suite 100
CITY-ST-ZIP Lawrenceville, GA 30043

TITLE S ☒ Change ☐ Addition
NAME Vicki B. Rapson
STREET ADDRESS 1255 Lakes Parkway, Suite 100
CITY-ST-ZIP Lawrenceville, GA 30043

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

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

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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:

Vicki B. Rapson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)