

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022703

1. Entity Name

ALPHA HOMES OF PASCO, INC.

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

05-16-2000 90166 006 ***150.00

Principal Place of Business

Mailing Address

4620 AEGEAN AVE
HOLIDAY FL 34690

PO BOX 3483
HOLIDAY FL 34690-0483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4840 Mile Stretch Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Holiday FL

City & State

4. FEI Number 59-3300964

Applied For

Not Applicable

Zip

Country

34690 USA

Zip

Country

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

MADALVANOS, ZISIMOS
4620 AEGEAN AVE
HOLIDAY FL 34690

Name

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

4840 Mile Stretch Dr.

City

Holiday

FL

Zip Code

34690

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

Zisimos Madalvanos
Zisimos Madalvanos

4/28/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MADALVANOS, ZISIMOS	
STREET ADDRESS	4620 AEGEAN AVE	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHACONAS, ANGIE	
STREET ADDRESS	4620 AEGEAN AVE	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	S	<input type="checkbox"/> Delete
NAME	MADALVANOS, GEORGIA	
STREET ADDRESS	4620 AEGEAN AVE	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4840 Mile Stretch Dr.	
CITY-ST-ZIP	Holiday FL 34690	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4840 Mile Stretch Dr.	
CITY-ST-ZIP	Holiday, FL 34690	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4840 Mile Stretch Dr.	
CITY-ST-ZIP	Holiday FL 34690	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Zisimos Madalvanos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 7279428864

CR2E034 (9/99)