

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023709

1. Entity Name

ALPHA 2001, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90156 037 \*\*\*158.75

Principal Place of Business

4980 N. CITATION DR., APT. #105  
DELRAY BEACH FL 33445

Mailing Address

4980 N. CITATION DR., APT. #105  
DELRAY BEACH FL 33445

2. Principal Place of Business

414 W. Lantana Rd

3. Mailing Address

414 W Lantana Rd.

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Lantana, FL

City & State

Lantana, FL

Zip

33462

Country

USA

Zip

33462

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, MARVIN  
4980 N. CITATION DR., APT. #105  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

Marvin E. Marshall

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

414 W Lantana Road

Suite B

City

Lantana

FL

Zip Code

33462

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

3-28-00

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 P  
NAME MARSHALL, MARVIN E  
STREET ADDRESS 4980 N. CITATION DR., APT. #105  
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE VP  
NAME TORSEY, BOB  
STREET ADDRESS 20364 HACIENDA COURT  
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE VP  
NAME MCMURTRY, RAY DR.  
STREET ADDRESS 5728 CROWN DRIVE  
CITY-ST-ZIP MIRALOMA CA 91752 ☐ Delete

TITLE ST  
NAME STIBAL, ELIZABETH A  
STREET ADDRESS 1070-7 STONEHAVEN DR.  
CITY-ST-ZIP BOYNTON BEACH FL 33486 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Marvin E Marshall  
STREET ADDRESS 414 W. Lantana Rd, Suite B  
CITY-ST-ZIP Lantana, FL 33462 ☒ Change ☐ Addition

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

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

TITLE ST  
NAME Stibal, Elizabeth A  
STREET ADDRESS 1070-7 Stonehaven Dr.  
CITY-ST-ZIP Boynton Beach, FL 33436 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth A. Stibal / Elizabeth A. Stibal

Date

3-28-00

Daytime Phone #

361-540-6051

CR2E034 (9/99)