2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State
07-24-2001 90028 020 ***150.00

0113663 AT

DOCUMENT # **P95000039108**

1. Entity Name
ALPA SERVICES, INC.

Principal Place of Business	Mailing Address
800 MAGNOLIA LANE OSTEEN FL 32764	800 MAGNOLIA LANE OSTEEN FL 32764

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
800			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3316080** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROGERS, PATRICIA D
800 MAGNOLIA LANE
OSTEEN FL 32764

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

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 $550.00
After September 12, 2001 Fee will be $750.00
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	PA BIRKENMEYER, ALAN K 800 MAGNOLIA LANE OSTEEN FL 32764	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ROGERS, PATRICIA D 800 MAGNOLIA LANE OSTEEN FL 32764	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (5/01)

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: REQUIRED 7/20/01 407 330 6247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALPA
SERVICES, INC.
800 Magnolia Lane
Osteen, Florida 32764
Ph: (407) 330-6247

July 20, 01

~~Attachment~~

DOC #P95000059148

To whom it may concern: "C00014081

We have down sized from 6 employee's to "0". We have been working in N.C. on & off for 7 months. Our mail has been forwarded by my daughter who does not remember the 1st notice nor do we remember seeing it! I fully realize that it's still our responsibity and did our very best To Take care of such things from another state! We just missed it!! Our company is trying To rebuild and we would appreciate understanding and accept 150% for our Inc. fee. We simply cannot ~~af~~ford any more. If you feel you cannot accept this as full payment Then please return check and cancel The corporation!

Sincerly

Pres.