## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # P95000059257 ALPHA & OMEGA COMPUTER CONSULTANTS, INC. 05-15-2000 90171 029 \*\*\*150.00 Principal Place of Business Mailing Address 200 WEST MAIN STREET 200 WEST MAIN STREET -LEESBURG FL 94740-5119 LEESBURG FL 24748 2. Principal Place of Business 3. Mailing Address 2810-B 45 Hay 441/21 2810-B US Hwy 441 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FE! Number Applied For 59-3331771 Fruit land Fruitlen Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired Fee Required NSA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KING, PATRICK C Street Address (P.O. Box Number is Not Acceptable) 200 WEST MAIN ST **LEESBURG FL-94748** Zip.Code 3473/ ing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this state SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed n FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intag 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PTD CH2ECK (9/3) ☐ Delete TITLE KING PATRICK C 2810-B MS HWY 441/27 KING, PATRICK C NAME 200 WEST MAIN STREET STREET ADDRESS STREET ADDRESS Fraitland Park EL 34731 LEESBURG FL 34748 CITY-ST-ZIP CITY-ST-7IP VSD ☐ Addition Delete TITLE TITLE KING KIM MARIE 2810 - BUS Hwy KING, KIM MARIE NAME NAME STREET ADDRESS 200 WEST MAIN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fruitland Park, FL LEESBURG FL 34748 TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing doe 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 section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and supplemental

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/28/00

Daytime Phone #

Change

☐ Addition