

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90008 032 ***150.00

0807867

DOCUMENT # P95000059257

1. Entity Name

ALPHA & OMEGA COMPUTER CONSULTANTS, INC.

Principal Place of Business

2810 B US HWY 441 21
 FRUITLAND PARK FL 34731

Mailing Address

2810 B US HWY 441 21
 FRUITLAND PARK FL 34731

2. Principal Place of Business

2810-B US Hwy 441-27

3. Mailing Address

2810-B US Hwy 441-27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3331771**

Applied For

Not Applicable

Zip

Country

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

KING, PATRICK C
2810 US HWY 441 27
FRUITLAND PARK FL 34731

Name

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

2810-B US Hwy 441-27

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
 NAME **KING, PATRICK C**
 STREET ADDRESS **2810B US HWY 441 27**
 CITY-ST-ZIP **FRUITLAND PARK FL 34731**

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

TITLE **VSD** ☐ Delete
 NAME **KING, KIM M**
 STREET ADDRESS **2810 B US HWY 441 21**
 CITY-ST-ZIP **FRUITLAND PARK FL 34731**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick King

4/25/01

Date

352-728-3500

Daytime Phone #

CR2E034 (10/00)