

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072619

1. Entity Name

ALPHASOFT, INC.

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

05-16-2000 90055 003 ***150.00

Principal Place of Business

1103 FLORIDA AVE
 SUITE 2
 PALM HARBOR FL 34683
 US

Mailing Address

1103 FLORIDA AVE
 SUITE 2
 PALM HARBOR FL 34683-4312
 US

2. Principal Place of Business

1114 Florida Ave

3. Mailing Address

1114 Florida Ave

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

Zip

34683

Country

US

Zip

34683

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3338051

Applied For

Not Applicable

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

FEJES, STEVEN D
 822 VILLAGE WAY
 PALM HARBOR FL 34683

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

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** ☐ Delete
 NAME **FEJES, STEVE**
 STREET ADDRESS **822 VILLAGE WAY**
 CITY-ST-ZIP **PALM HARBOR FL 34683-2938**

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

TITLE **VP** ☐ Delete
 NAME **FEJES, C**
 STREET ADDRESS **822 VILLAGE WAY**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Steven D. Fejes Steven D. Fejes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/2000 7277717103

Daytime Phone #

CR2E034 (9/99)