

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90241 011 ***158.75

DOCUMENT # P96000083533

1. Entity Name
ALPHA SERVICES OF VOLUSIA COUNTY, INC.

Principal Place of Business
400 PARQUE DRIVE
ORMOND BEACH FL 32174

Mailing Address
400 PARQUE DRIVE
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3402423

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LYNCH, TED
400 PARQUE DRIVE
ORMOND BEACH FL 32174

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

Ted Lynch
 (NOTE: Registered Agent signature required when reinstating)

4/22/02
 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, 2002 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 **ST** ☐ Delete
 NAME **LYNCH-WIGGINS, KRISTINA**
 STREET ADDRESS **400 PARQUE DR**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **VP** ☒ Delete
 NAME **MOODY, MICHELLE**
 STREET ADDRESS **400 PARQUE DRIVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
 NAME **Lynch-Wiggins, Kristina**
 STREET ADDRESS **400 PARQUE DRIVE**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **ST** ☐ Change ☒ Addition
 NAME **Margaret Key**
 STREET ADDRESS **400 PARQUE DRIVE**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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: Ted Lynch
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 386 677 1601
 Date Daytime Phone #

CR2E034 (9/01)