

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90097 004 ***158.75

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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**

338 Parque Drive
2. Principal Place of Business

338 Parque Drive
3. Mailing Address

Suite, Apt. #, etc.
Suite E

Suite, Apt. #, etc.
Suite E

City & State
Ormond Beach

City & State
Ormond Beach, FL

Zip
FL 32174

Country
Volusia



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3402423**

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

LYNCH, TED
400 PARQUE DRIVE *338 Parque Drive*
ORMOND BEACH FL 32174 *Suite E*

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **LYNCH-WIGGINS, KRISTINA**
STREET ADDRESS **400 PARQUE DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition
NAME *338 Parque Drive Suite E*
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Delete
NAME **LEY, MARGARET**
STREET ADDRESS **400 PARQUE DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☒ Change ☐ Addition
NAME *ST Michelle Moody Lynch*
STREET ADDRESS *338 Parque Drive Suite E*
CITY-ST-ZIP *Ormond Beach, FL 32174*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03
Date
386 677-1601
Daytime Phone #

CR2E034 (10/02)