

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90447 050 \*\*\*150.00

**DOCUMENT # P96000096274**

1. Entity Name

**ALPHA IMAGING PRODUCTS & SERVICES, INC.**

Principal Place of Business

3500 ALOMA AVE.

D-2

WINTER PARK FL 32828

US

Mailing Address

717 WHITE RIVER DRIVE

ORLANDO FL 32828

2. Principal Place of Business

3. Mailing Address

3500 Aloma

3500 Aloma Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D-1

D-1

City & State

City & State

Winter Park

Winter Park FL

Zip

Country

Zip

Country

32792 USA

32792 USA

4. FEI Number 59-3415484

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

GONZALEZ, JOSEPH

717 WHITE RIVER DRIVE

ORLANDO FL 32828

*address only change*

Name

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

12116 Shadowbrook Lane

City

FL

Zip Code

Orlando

32828

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, JOSEPH	
STREET ADDRESS	717 WHITE RIVER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GONZALEZ, GLORIA	
STREET ADDRESS	717 WHITE RIVER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12116 Shadowbrook Lane	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12116 Shadowbrook Lane	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Daytime Phone #

CR2E034 (9/01)