

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099537

1. Entity Name
ALTERNATIVE PHONE, INC.

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90105 017 ***558.75

Principal Place of Business
1732 NE 25TH AVENUE
OCALA FL 34470

Mailing Address
1732 NE 25TH AVENUE
OCALA FL 34470-4855



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3412298

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

DEMENZES, CHARLES
1732 NE 25TH AVENUE
OCALA FL 34470

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	DVP	<input type="checkbox"/> Delete
NAME	DEMENZES, CHARLES	
STREET ADDRESS	1732 N.E. 25TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROADERICK, JEFFREY	
STREET ADDRESS	1732 N.E. 25TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(j), 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

Charles de Menzes CHARLES de Menzes

Date

6/20/00

Daytime Phone #

352-622-4949

CR2E034 (9/99)