

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90022 049 ***150.00

DOCUMENT # P97000046310

1. Entity Name
ALPHA EXECUTIVE RESEARCH, INC.

Principal Place of Business

**6239 EDGEWATER DRIVE
 STE E-3
 ORLANDO FL 32810
 US**

Mailing Address

**P.O. BOX 607583
 ORLANDO FL 32860-7583
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

705 Busbee Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A.

City & State

Apopka, Florida

City & State

4. FEI Number

59-3463304

Applied For
 Not Applicable

Zip

32703

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CALEB, BENEDICT
 4110 ROSE PETAL LANE
 ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name **CALEB, BENEDICT**

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

705 Busbee Ave.

City

Apopka,

FL

Zip Code

32703

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-02

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 **PD** ☐ Delete
 NAME **CALEB, BENEDICT D**
 STREET ADDRESS **PO BOX 607583**
 CITY-ST-ZIP **ORLANDO FL 32860-7583**

TITLE **VD** ☐ Delete
 NAME **CALEB, JASMINE D**
 STREET ADDRESS **4110 ROSE PETAL LANE**
 CITY-ST-ZIP **ORLANDO FL 32808**

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

TITLE ☒ Change ☐ Addition
 NAME **VD**
 NAME **CALEB, JASMINE D.**
 STREET ADDRESS **705 BUSBEE AVE.**
 CITY-ST-ZIP **APOPKA, FL- 32703**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-02 407-886-6007

CR2E034 (9/01)