

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051634

1. Entity Name  
ALPHA SERVICES, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90297 027 \*\*\*150.00

Principal Place of Business  
16 MINUTEMEN CSWY  
COCOA BCH FL 32931

Mailing Address  
16 MINUTEMEN CSWY  
COCOA BCH FL 32905-3954

2. Principal Place of Business  
1417-PALM PL. DR. NE.  
Suite, Apt. #, etc.

3. Mailing Address  
1417-PALM PL. DR. NE.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
PALM BAY FL.  
Zip  
32905  
Country  
BREVARD

City & State  
PALM BAY FL.  
Zip  
32905  
Country  
BREVARD

4. FEI Number 59-3471835  
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

D'ALBORA, JOHN B  
16 MINUTEMEN CSWY  
COCOA BCH FL 32931

Name  
JOHN B. D'ALBORA  
Street Address (P.O. Box Number is Not Acceptable)  
1417-PALM PL. DR. NE.  
City  
PALM BAY FL Zip Code  
32905

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 John B. D'albora 3/1/00  
Signature, typed or printed name of registered agent and field not 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
D'ALBORA, JOHN B  
16 MINUTEMEN CSWY  
COCOA BCH FL 32931 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D.P.S.  
JOHN B. D'ALBORA  
1417-PALM PL. DR. NE  
PALM BAY FL. 32905-3954 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MYERS, ELDRIDGE L  
1481 DRUCKER CT.  
PALM BAY FL 32909 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MYERS, ALONA  
1481 DRUCKER CT.  
PALM BAY FL 32909 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: John B. D'albora 3/1/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)