

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000000403 R

1. Entity Name

ALPHA ACCOUNTING SERVICES INC

Principal Place of Business

Mailing Address

1842 40TH TERR SW
NAPLES FL 34116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0801941

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00071203

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAN EDWARDS
3361 2ND AVE SE
NAPLES FL 34117

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: PRES JUNE EDWARDS ☐ Delete
NAME: 3361 2ND AVE SE
STREET ADDRESS: NAPLES FL 34117
CITY-ST-ZIP:

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

TITLE: VP: DIAN EDWARDS ☐ Delete
NAME: 3361 3361 2ND AVE SE
STREET ADDRESS: NAPLES FL 34117
CITY-ST-ZIP:

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

TITLE: ☐ Delete
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CITY-ST-ZIP:

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

D# P980000403
00071203

5/15/00
NUM: P98000000403 ST:FL ACTIVE7FE PROFIT RECORD SCREEN
FEI#: 65-0801941 FLD: 12/31/1997

4:31 PM

NAME : ALPHA ACCOUNTING SERVICES, INC
PRINCIPAL: 271 20TH ST NE
ADDRESS NAPLES, FL 34120
RA NAME : EDWARDS, DIAN M
RA ADDR : 271 20TH ST NE
NAPLES, FL 34120
ANN REP :

(1998) B 02/16/98

(1999) A 05/08/99

5/15/00
CORP NUMBER: P98000000403 CORP NAME: ALPHA ACCOUNTING SERVICES, INC
TITLE: P NAME: EDWARDS, JUNE
271 20TH ST NE
NAPLES, FL 34120
TITLE: VP NAME: EDWARDS, DIAN M
271 20TH ST NE
NAPLES, FL 34120

4:32 PM