

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058522

1. Entity Name
ALPHA OMEGA SPECIALTY, INC.

Principal Place of Business
904 CURLEW ROAD
SUITE 981
DUNEDIN FL 34698

Mailing Address
904 CURLEW ROAD
SUITE 981
DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3532193

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

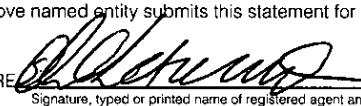
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAH, SHREYA
904 CURLEW RD STE-981
DUNEDIN FL 34698

Name CHETAN SHAH
Street Address (P.O. Box Number is Not Acceptable)
904 CURLEW RD STE 981
City DUNEDIN FL Zip Code 34698

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 

(NOTE: Registered Agent signature required when reinstating)

DATE 3/5/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME PSTD
STREET ADDRESS SHAH, SHREYA
CITY-ST-ZIP 904 CURLEW ROAD
DUNEDIN FL 34698

TITLE ☐ Change ☒ Addition
NAME PRESIDENT
STREET ADDRESS PALLAVI K. PATEL
CITY-ST-ZIP 904 CURLEW RD-
DUNEDIN FL-34698

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME TREASURER / Managing Director
STREET ADDRESS CHETAN SHAH
CITY-ST-ZIP 904 CURLEW ROAD
DUNEDIN FL 34698

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SECRETARY / DIRECTOR
STREET ADDRESS SHREYA SHAH
CITY-ST-ZIP 904 CURLEW RD
DUNEDIN FL-34698

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90340 033 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)