

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90033 005 ***150.00

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
981 CARDIGAN LN.
Suite, Apt. #, etc.

3. Mailing Address
981 CARDIGAN LN
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PALMHARBOR FL
Zip
34683-6002
Country
U.S.A.

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PALMHARBOR FL
Zip
34683-6002
Country
U.S.A.

4. FEI Number **59-3532193**
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

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

Name **SHAH CHETAN R.**
Street Address (P.O. Box Number is Not Acceptable)
981 CARDIGAN LN
City **PALMHARBOR** **FL** **Zip Code** **34683-6002**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

3/30/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHAH, SHREYA	
STREET ADDRESS	904 CURLEW ROAD	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	P	<input type="checkbox"/> Delete
NAME	PATEL, PALLAVI K	
STREET ADDRESS	904 CURLEW RD	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	TMD	<input type="checkbox"/> Delete
NAME	SHAH, CHETAN	
STREET ADDRESS	904 CURLEW RD	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL PALLAVI K	
STREET ADDRESS	981 CARDIGAN LN	
CITY-ST-ZIP	PALMHARBOR FL 34683-6002	
TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAH CHETAN R.	
STREET ADDRESS	981 CARDIGAN LN	
CITY-ST-ZIP	PALMHARBOR FL 34683-6002	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

3/30/03
Date

727422835
Daytime Phone #

CR2E034 (10/02)