

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049339

1. Entity Name

ALPHA SOFTWARE SERVICES, INC.

FILED

Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90040 011 ***150.00

Principal Place of Business

Mailing Address

~~241 N. MAITLAND AVE., SUITE 340
MAITLAND FL 32751~~

~~241 N. MAITLAND AVE., SUITE 340
MAITLAND FL 32751-4764~~

7772 HARLIE ST
ORLANDO FL 32819

7772 HARLIE ST
ORLANDO FL 32819

2. Principal Place of Business

7772 HARLIE ST

3. Mailing Address

7772 HARLIE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO FL

4. FEI Number

59-3581016

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

32819

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TATICH, PHILIP
341 N. MAITLAND AVE., SUITE 340
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

DIANE FITZGERALD PRESIDENT

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

ALPHA SOFTWARE SERVICES INC

7772 HARLIE ST

City

ORLANDO FL

FL

Zip Code

32819

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

DIANE FITZGERALD PRESIDENT

Diane Fitzgerald

3/31/00

Signature, typed or printed name of registered agent and title (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

TITLE ☐ Delete

NAME ~~PRESIDENT~~
~~DIANE M. FITZGERALD~~
STREET ADDRESS ~~7772 HARLIE ST~~
CITY-ST-ZIP ~~ORLANDO FL 32819~~

TITLE ☐ Delete

NAME ~~VICE PRESIDENT~~
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

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

NAME ~~DPT~~
Fitzgerald, Diane M.
STREET ADDRESS 7772 Harlie Street
CITY-ST-ZIP Orlando, Florida 32819

TITLE ☐ Change ☒ Addition

NAME ~~VS~~
Fitzgerald, Walter A.
STREET ADDRESS 7772 Harlie Street
CITY-ST-ZIP Orlando, Florida 32819

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:

DIANE FITZGERALD PRESIDENT

DIANE FITZGERALD 3/31/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 352-9143

Daytime Phone #