

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056099

1. Entity Name

ALPHEE, INC.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90008 034 ***150.00

Principal Place of Business

10736 ARNEZ ROAD
JACKSONVILLE FL 32218

Mailing Address

10736 ARNEZ ROAD
JACKSONVILLE FL 32218-4502



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO BOX 77175

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip 32226

Country U.S.

4. FEI Number

65-0928900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, GENINE
305 N. POMPANO BEACH BLVD., #805 PH 11
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

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

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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARNET L. THOMPSON, SR.
STREET ADDRESS	10736 ARNEZ RD
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP OPHELIA B. THOMPSON
STREET ADDRESS	10736 ARNEZ RD
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T GENINE H. THOMPSON
STREET ADDRESS	305 N. POMPANO BEACH BLVD PH 11
CITY-ST-ZIP	POMPANO BEACH FL 33062
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	

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:

Opheia B Thompson Opheia B Thompson 4/10 772-4120
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/99)