2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
04-03-2001 90024 046 ***158.75

0036140

DOCUMENT # V23130

1. Entity Name
ALPHA DATA CORPORATION

Principal Place of Business	Mailing Address
1326 LEWIS TURNER BLVD FT WALTON BCH FL 32547 US	1326 LEWIS TURNER BLVD SB FT WALTON BCH FL 32547 US

L0040203

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	1326 LEWIS TURNER BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: FT. WALTON BEACH, FL
Zip / Country	Zip: 32547 / Country: US

4. FEI Number 59-3229271 ☐ 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
VANCE, VERCELL 1326 LEWIS TURNER BLVD FT WALTON BCH FL 32547	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, 2001 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	PCEO	☐ Delete	TITLE	PCEO	☑ Change ☐ Addition
NAME	VANCE, VANCE		NAME	VANCE, VERCELL	
STREET ADDRESS	1326 LEWIS TURNER BLVD		STREET ADDRESS	1326 LEWIS TURNER BLVD.	
CITY-ST-ZIP	FT WALTON BCH FL 32547		CITY-ST-ZIP	FT. WALTON BCH, FL 32547	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VANCE, MYETTA		NAME		
STREET ADDRESS	1326 LEWIS TURNER BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH FL 32547		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: Vercell Vance 3/27/00 850-315-0417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #