**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V23130  1. Entity Name ALPHA DATA CORPORATION					Feb 07, 2002 8:00 am Secretary of State 02-07-2002 90299 012 ***158.75		
Principal Place of Business 1326 LEWIS TURNER BLVD FT WALTON BCH FL 32547 US		Mailing Address 1326 LEWIS TURNER BLVD FT WALTON BCH FL 32547 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		<b>4.</b> F	4. FEI Number 59-3229271 Applied For Not Applicable		
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Add Fee Require	ditional d
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name							
VANCE, VERCELL				Street Address (P.O. Box Number is Not Acceptable)			
1326 LEWIS TURNER BLVD FT WALTON BCH FL 32547							
			City			FL Zip Cod	e
8. The above	named entity submits this statement for the stat		egistered office or re			ida.	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to D			2 Fee will be \$550	0.00	10. Election Campaign Fina Trust Fund Contribution		0 May Be to Fees
11.	OFFICERS AND DIF	RECTORS  Delete	12.	AD	DITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS	S IN 11
	VANCE, VERCELL 1326 LEWIS TURNER BLVD FT WALTON BCH FL 32547	□ Uelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP	S Vance, myetta 1326 Lewis Turner BLVD FT Walton BCH FL 32547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT WALTON BOWY E GEOW	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i i	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. •		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
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.  VALUEU VANCE							
SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							