

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90063 027 ***150.00

0031897 AV

DOCUMENT # P97000091917

1. Entity Name
ALPHABET ENTERPRISES, INC.



Principal Place of Business
**111 N. POMPANO BEACH BLVD.
1714
POMPANO BEACH FL 33062**

Mailing Address
**111 N. POMPANO BEACH BLVD.
1714
POMPANO BEACH FL 33062**

2. Principal Place of Business
Suite, Apt. #, etc.
PO BOX 6125

3. Mailing Address
Suite, Apt. #, etc.
PO BOX 6125

City & State
HUDSON, FL.

City & State
HUDSON FL

Zip
34674-6125

Country
FLORIDA

Zip
34674-6125

Country
FLORIDA



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0789673**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CLARKE, GLENN R PSTD
111 N. POMPANO BEACH BLVD.
1714
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD CLARKE, GLENN R 111 N. POMPANO BEACH BLVD. #1714 POMPANO BEACH FL 33062 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.O. BOX 6125 HUDSON | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD CLARKE, GLENN R. PO BOX 6125 HUDSON, FL 34674-6125 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 lines empowered.

SIGNATURE: Glenn R. Clarke **8-31-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

80143623

P97000691917

AUG. 31, 2003

DIVISION OF CORPORATIONS,

I AM RESPONDING TO YOUR DIRECTIONS
RECEIVED FROM CALLING 1-850-245-6059.

I WAS HOSPITALIZED IN JAN, FEB. AND
MARCH OF THIS YEAR AND CAME TO THE
HUDSON AREA IN APRIL TO RECOVER.

I DID NOT RECEIVE MY 2003 BUSINESS REPORT
UNTIL NOW.

I HAVE AMENDED THE ADDRESS AND ENCLOSED
MY CHECK FOR \$150.00 AS TOLD

PLEASE UPDATE MY FILE.

THANK YOU FOR YOUR CONSIDERATION.

ALPHABET ENTERPRISES, INC.

PO BOX 6125

HUDSON, FL. 34674-6125

GLENN R. CLARKE, PRESIDENT

Glenn R. Clarke