

DOCUMENT # 518088

ALPHEA ENTERPRISES, INC.

4018 W CAYUGA
TAMPA FL 33614

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TAMPA FL 33614

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For	
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Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change	☐ Addition
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TITLE	☐ Change	☐ Addition
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TITLE	☐ Change	☐ Addition
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TITLE	☐ Change	☐ Addition
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TITLE	☐ Change	☐ Addition
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TITLE	☐ Change	☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90005 036 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)