

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90322 012 ***158.75

FORM 1984
 2001

DOCUMENT # F92393

1. Entity Name

ALPHA TRAVEL & TOURS, INC.

Principal Place of Business

**% JOHNNIE L. RANSAM
 1450 LAKE BRADFORD RD #C
 TALLAHASSEE FL 32304**

Mailing Address

**% JOHNNIE L. RANSAM
 1450 LAKE BRADFORD RD #C
 TALLAHASSEE FL 32304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2199146

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**RANSOM, JOHNNIE L.
 1450 LAKE BRADFORD RD #C
 TALLAHASSEE FL 32304**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	RANSOM, JOHNNIE L	2512 COLLEEN DR	TALLAHASSEE, FL 00000	<input type="checkbox"/>
D	RANSOM, PEARLENE L	2512 COLLEEN DR	TALLAHASSEE, FL 00000	<input type="checkbox"/>
STD	HUNTER, CHARLIE W.	9032 WINGED FOOT DRIVE	TALLAHASSEE FL	<input type="checkbox"/>
D	CORISDEO, NORMA L.	2409 ROSEMARY TERRACE	TALLAHASSEE FL	<input type="checkbox"/>
VD	HOLLMAN, ROOSEVELT	905 MCGUIRE CT	TALLAHASSEE FL	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

850-272-2023

Daytime Phone #

CR2E034 (9/01)