


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90029 010 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT #</b><br>1. Entity Name<br>L91374<br>ALPHA ANTIQUE COMPANY, INC. |  |
|--|---|

**DO NOT WRITE IN THIS SPACE**

24024291

|   |   |
|---|---|
| 2. Principal Place of Business<br>615 East Atlantic Avenue<br>Suite, Apt. #, etc. | 3. Mailing Address<br>615 East Atlantic Avenue<br>Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

|                                      |                                       |   |                                       |
|--------------------------------------|---------------------------------------|---|---------------------------------------|
| City & State<br>Delray Beach Florida | City & State<br>Delray Beach, Florida | 4. FEI Number<br>65-0211421                               | Applied For<br>Not Applicable         |
| Zip<br>33483                         | Country<br>USA                        | Zip<br>33483  | Country<br>USA                        |
|                                      |                                       | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**DO NOT WRITE  
IN THIS SPACE**

|  |                      |
|--|----------------------|
| <b>7. Name and Address of Current Registered Agent</b>                         |                      |
| Name<br>Martin, George A.  |                      |
| Street Address (P.O. Box Number is Not Acceptable)<br>615 East Atlantic Avenue |                      |
| City<br>Delray Beach   | FL Zip Code<br>33483 |

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 \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |   |  |                                       |
|--|---|--|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Martin, George A.<br>615 E. Atlantic Ave<br>Delray Beach, FL               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Martin, Sandra Rosin<br>615 East Atlantic Avenue<br>Delray Beach, FL 33483 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |

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 supplementary 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Sandra Rosin Martin* **3/15/04** **(561) 278-2373**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)