FOR PROFIT CORPORATION TO UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000114012



03 JUL 28 AM 10: 56

ALPH	HA MORTGAGE ASSOC		SECRETARY OF STATE TALLAHASSEE, FLORIDA							
•	DO NOT WRITE	IN THIS S	PACE	***						
	Place of Business	3. Mailing Address	*	• •		-				
·	YERS CLUB VILLAS RD	45 PLAYERS CLUB VILLAS RD)	DO NOT WRITE IN THIS SPACE				
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.								
City & Sta	VEDRA BEACH, FL	City & State PONTE VEDRA BEACH, FL			4.	4. FEI Number 57-1135365 Applied F Not Applie				
Zip 32082	Country USA	Zip 32082	Country :			5. Certificate of Status Desired S8.75 Additional Fee Required				
,				Alama -	7. N	7. Name and Address of Current Registered Agent				
	DO NOT 14	DITE		Name SOPHIA AMITRANO						
	DO NOT W		•]	Street A	dress (P.O.	. Box Number is Not Acceptable)				
	IN THIS SP	ACE		45 PL	AYERS	RS CLUB VILLAS RD				
:			City PONTE			VEDRA BEACH FL Zip Code 32082				
	e named entity submits this statement for Itions of registered agent.	the purpose of changing it	s registered	office or	registered a	agent, or both, in the State of Florida. I am famil	iar with, and accept			
SIGNATURE	Signature, lyosid or printed harve of registered agent a	red bits of a caste ability	TE: Hagistered A	nor con th	The second section	o remaining) DATE				
	inuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department of			grant o altype term	To Tonger Gas Versus	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND I									
TITLE	DPST SOPHIA AMITR	ANO	TITLE			•				
NAME	45 PLAYERS CLUB VILLA	45 PLAYERS CLUB VILLAS RD			2 3					
STREET ADDRESS CALLY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			address- zip	r Vito S	300021833;	222			
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STREET ADDRESS			STREET	ADDRESS						

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 on an attachment with an addition, with all other like empowered.

CHY-SI-ZIP

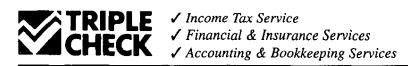
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CITY-ST-ZIP

PATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/03

904-241-2533



320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604 www.triplechecktax.com

July 24, 2003

Division of Corporations Annual Reports Filing Post Office Box 6327 Tallahassee, FL 32314

RE: Uniform Business Report

Document #P02000114012; ALPHA MORTGAGE ASSOCIATES, INC.

Dear Sir/Madam,

Please see the enclosed Reinstatement form for our client listed above. We are requesting that you accept her application and payment of \$150.00, for the year 2003.

Ms. Amitrano, President of the above Corporation, did not receive her report for the referenced periods. Upon our annual review of her account along with your web site, it was determined that she had not filed. She has always filed her government paperwork timely and is very conscientious regarding payment for all yearly fees and taxes.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Heather Copeland

Enclosure: Uniform Business Report

Check: #1066