

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90054 002 \*\*\*150.00

**DOCUMENT # P94000021215**

1. Entity Name  
**ALPINE COLLECTION AGENCY, INC.**

Principal Place of Business

**212 ALPINE RD  
W PALM BEACH FL 33405**

Mailing Address

**P.O. BOX 6156  
W PALM BEACH FL 33405  
US**

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

**65-0476036**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLETE, RICHARD C  
212 ALPINE RD  
W PALM BEACH FL 33405**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLETE, RICHARD C 212 ALPINE RD W PALM BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS POLETE, MARILYN A 212 ALPINE RD W PALM BEACH FL	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-02 (501) 585-0685

CR2E034 (4/02)

Attachment

926499  
P94000021215

**ALPINE COLLECTION AGENCY, INC.**

Post Office Box 6156 West Palm Beach, Florida 33405-0156

Telephone (561) 585-0685  
Fax (Same number - call first)  
Email: [poletedm@bellsouth.net](mailto:poletedm@bellsouth.net)

August 21, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Form 2002 Uniform Business Report

Gentlemen:

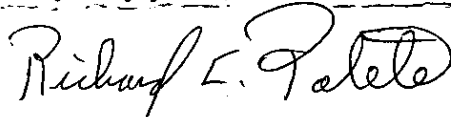
I have been in business for nine years and the first eight years I filed the Uniform Business Report and paid my \$150 on time. Please check my previous filings.

For this year's return my CPA informed me that she had mailed the original document back to me, which evidently was lost in the mail. This was not brought to my attention until I received the second document stating I owe \$550.00. I am a small company and cannot afford \$550.00.

I am enclosing my check for \$150.00. Please again check my record and you will find that I have paid on time for the past eight years.

Thanking you for your cooperation and consideration.

Very truly yours,



Richard C. Polete

RCP/mn