

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000091917**1. Entity Name  
**ALPHABET ENTERPRISES, INC.****Principal Place of Business**

3947 NORTHWEST 19TH STREET

LAUDERDALE LAKES  
33311

FL

**Mailing Address**

3947 NORTHWEST 19TH STREET

LAUDERDALE LAKES  
33311

FL

**2. Principal Place of Business**

111 N. POMPANO BEACH BLVD.

Suite, Apt. #, etc.  
1714City & State  
POMPANO BEACH FLZip  
33062

Country

**3. Mailing Address**

111 N. POMPANO BEACH BLVD.

Suite, Apt. #, etc.  
1714City & State  
POMPANO BEACH FLZip  
33062

Country

**4. FEI Number****65-0789673**

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**CLARKE GLENN  
3947 NW 19TH STFORT LAUDERDALE  
33311

FL

**7. Name and Address of New Registered Agent**

Name

CLARKE GLENN RPSTD

Street Address (P.O. Box Number is Not Acceptable)  
111 N. POMPANO BEACH BLVD.

1714

City  
POMPANO BEACH

FL

Zip Code  
33062

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 **GLENN CLARKE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**05/01/2001**

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, 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**11. OFFICERS AND DIRECTORS**TITLE PSTD ☐ Delete  
NAME CLARKE GLENN R  
STREET ADDRESS 3947 NORTHWEST 19TH STREET  
CITY-ST-ZIP LAUDERDALE LAKES FL 33311TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PSTD ☒ Change ☐ Addition  
NAME CLARKE GLENN R  
STREET ADDRESS 111 N. POMPANO BEACH BLVD. #1714  
CITY-ST-ZIP POMPANO BEACH FL 33062TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: GLENN R. CLARKE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PSTD

05/01/2001

Date

Daytime Phone #

CR2E034 (11/00)