

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90160 016 \*\*\*150.00

BU000000



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000057400**

1. Entity Name  
**ALPHA COMMODITIES, INC.**

Principal Place of Business <b>14255 U.S. HIGHWAY 1          SUITE 200          NORTH PALM BEACH FL 33408</b>	Mailing Address <b>14255 U.S. HIGHWAY 1          SUITE 200          NORTH PALM BEACH FL 33408</b>
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2. Principal Place of Business <b>1340 US Hwy 1</b>	3. Mailing Address <b>1340 US Hwy 1</b>
Suite, Apt. #, etc. <b>102</b>	Suite, Apt. #, etc. <b>102</b>
City & State <b>Jupiter FL</b>	City & State <b>Jupiter FL</b>
Zip <b>33469</b>	Country <b>PB</b>

4. FEI Number <b>65-0931365</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**REILLY, KEVIN**  
**14255 U.S. HIGHWAY 1**  
**SUITE 200**  
**NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1340 US Hwy 1**  
**102**  
 City **Jupiter** **FL** Zip Code **33469**

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 *Kevin Reilly* **President** DATE **4-15-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REILLY, KEVIN</b> <b>5350 SE STERLING CIRCLE</b> <b>STUART FL 34997</b>	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
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: *Kevin Reilly* **President** DATE **4-13-02** Daytime Phone # **772 463 7666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)