## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 17, 2002 8:00 am Secretary of State 260946 DOCUMENT # 1. Entity Name 04-17-2002 90002 015 \*\*\*150.00 ALEXANDER CONSTRUCTION COMPANY, INC. Mailing Address Principal Place of Business 2928 SEA OATS CIRCLE 2928 SEA IATS CUR DAYTONA BEACH SHORES FL 32118 DAYTONA BEACH SHORES FL 32118 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1003167 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAGGETT, G. LAURENCE P.A. Street Address (P.O. Box Number is Not Acceptable) **523 N HALIFAX AVENUE** DAYTONA BCH. FL 32018 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE Delete NAME ALEXANDER, STANTON NAME STREET ADDRESS 2928 SEA OATS CIRCLE STREET ADDRESS DAYTONA BEACH SHORES FL 32118 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE VD. ☐ Delete TITLE NAME NAME ALEXANDER, SUZANNE H. STREET ADDRESS 2928 SEA OATS CIRCLE STREET ADDRESS CITY-ST-7IP DAYTONA BEACH SHORES FL 32118 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

AE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED