

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90075 031 ***150.00

DOCUMENT # P00000116247

1. Entity Name
ALEXIS CAPITAL GROUP, INC.

Principal Place of Business
**5521 WEST CYPRESS STREET STE 103
 TAMPA FL 33607**

Mailing Address
**5521 WEST CYPRESS STREET STE 103
 TAMPA FL 33607**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4715 W. Cherokee Rd.

3. Mailing Address
4715 W. Cherokee Rd.

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3687358

Applied For
 Not Applicable

Zip
33629

Country
Hillsborough

Zip
33629

Country
Hillsborough

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

**MYRBACK, ELAINE C
 5521 WEST CYPRESS STREET STE 103
 TAMPA FL 33607**

Name
Phyllis W. Rea
 Street Address (P.O. Box Number is Not Acceptable)
4715 W. Cherokee Rd.

City **TAMPA** FL Zip Code **33629**

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 **Phyllis W. Rea**

DATE **4/22/02**

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 \$150.00
 After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MYRBACK, ELAINE C 5521 WEST CYPRESS STREET STE 103 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Phillip C. Rose 4715 W. Cherokee Rd. TAMPA, FL 33629 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MYRBACK, DOUGLAS S 5521 WEST CYPRESS STREET STE 103 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Phillip C. Rose 4715 W. Cherokee Rd. TAMPA, FL 33629 <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: **Phillip C. Rose**

Date **4/22/02**

Daytime Phone # **813-835-6567**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)