

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90031 021 \*\*\*150.00

DOCUMENT # P01000097313

1. Entity Name  
 THE ALEXANDER GROUP, INC.

Principal Place of Business  
 10099 TROTWOOD BLVD  
 WINTER SPRINGS FL 32708

Mailing Address  
 200 E ROBINSON STREET STE 500  
 ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 1099 Trotwood Blvd.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Winter Springs, FL

City & State

4. FEI Number  
 59-3759779

Applied For  
 Not Applicable

Zip  
 32708

Country  
 US

Zip

Country

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

FLORIDA CORPORATE SUPPORT, INC.  
 200 E ROBINSON STREET STE 500  
 ORLANDO FL 32801

Name  
 HENDRY, STONER, DELANCETT & BROWN, P.A.

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.

SIGNATURE *Steven Brown, President*

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  Delete  
 NAME **D WEESNER, ROBERT E**  
 STREET ADDRESS **903 KIM COURT**  
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE  Change  Addition  
 NAME **P/D**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D ~~ROOZROKH, CARMEN R~~**  
 STREET ADDRESS **~~1099 TROTWOOD BLVD~~**  
 CITY-ST-ZIP **~~WINTER SPRINGS FL 32708~~**

TITLE  Change  Addition  
 NAME **V/D ROOZROKH, CARMEN R.**  
 STREET ADDRESS **1099 TROTWOOD BLVD.**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **S WEESNER, LISA**  
 STREET ADDRESS **903 KIM COURT**  
 CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **T ROOZROKH, BIZHAN**  
 STREET ADDRESS **1099 TROTWOOD BLVD.**  
 CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  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: *Carmen Rozkh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02

Date

407-444-0156

Daytime Phone #

CR2E034 (9/01)