2000 UNIFORM BUSINESS REPORT (UBR)

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FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # **P92000007466** 1. Entity Name ALEXANDER'S DIRECT MAIL SERVICES INC. 01-26-2000 90123 008 ***150.00 Principal Place of Business Mailing Address 4870 VICTOR ST 4870 VICTOR ST JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-7967 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3148117 Not Applicant Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALEXANDER, ALICE T. 6956 PHILLIPS PARKWAY DRIVE N. JACKSONVILLE FL 32256 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. Robert C Alexander, JE Change 10605 PARI: AMENT, PL DPT TITLE TITLE ☐ Delete ALEXANDER, ALICE T. NAME NAME 1526 SILVER OAK LANE 6213 LAKE LUGARO DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32257 CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Change TITLE Addition TITLE ALEXANDER, ROBERT C. S 62/3 Lake Lugario DR NAMÉ 1528 SILVER OAK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP ☐ Change ■ Addition TITLE ALEXANDER, -RICHARD 7924 DAlehust DRS 1526 SILVER OAK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP 32277 ☐ Change Addition TITLE TITLE JONES. CURTIS 9918 BRANLEY Rd NAME NAME 1526 SILVER OAK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

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