

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

0023390 AV

DOCUMENT # **P92000007466**

Entity Name  
**ALEXANDER'S DIRECT MAIL SERVICES INC.**

02-20-2002 90041 047 \*\*\*150.00

Principal Place of Business  
**4870 VICTOR ST**  
**JACKSONVILLE FL 32207**

Mailing Address  
**4870 VICTOR ST**  
**JACKSONVILLE FL 32207**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3148117</b>		Applied For	
		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		7. Name and Address of New Registered Agent	
<b>ALEXANDER, ALICE T.</b> <b>4870 VICTOR ST</b> <b>JACKSONVILLE FL 32207</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ (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) <input type="checkbox"/>	<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 VP	ALEXANDER, ROBERT C JR. 10605 PARLIAMENT PL JACKSONVILLE FL 32257	TITLE NAME	
TITLE DVS	ALEXANDER, ROBERT C. S <del>6213 LAKE LUGARO DR</del> 11252 Stoney Pt Ln W JACKSONVILLE FL <del>32256</del> 32257	TITLE NAME	
TITLE VT	ALEXANDER, RICHARD 7924 DALEHURST DRS JACKSONVILLE FL 32277	TITLE NAME	
TITLE V	JONES, CURTIS 1526 SILVER OAK LANE JACKSONVILLE FL 32246	TITLE NAME	
TITLE NAME		TITLE NAME	President Alice T Alexander 11252 Stoney Point Ln W JAX FL 32207
TITLE NAME		TITLE NAME	

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: Alice T. Alexander 2/5/02 904-443-7384  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Alice T. Alexander

CR2E034 (9/01)