


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90221 040 \*\*\*150.00

<b>DOCUMENT #</b> P92000007466			
1. Entity Name <b>ALEXANDER'S DIRECT MAIL SERVICES INC.</b>			
Principal Place of Business <b>4870 VICTOR ST JACKSONVILLE FL 32207</b>		Mailing Address <b>4870 VICTOR ST JACKSONVILLE FL 32207</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3148117</b>				Applied For	
				Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ALEXANDER, ALICE T. 4870 VICTOR ST 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, ROBERT C JR.		NAME		
STREET ADDRESS	10605 PARLIAMENT PL		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, ROBERT C. S		NAME		
STREET ADDRESS	11252 STONEY PT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, RICHARD		NAME		
STREET ADDRESS	7924 DALEHURST DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32277		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CURTIS		NAME		
STREET ADDRESS	1526 SILVER OAK LANE		STREET ADDRESS	9918 BRADLEY Rd.	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	JAX, FL 32246	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICE, ALEXANDER T		NAME		
STREET ADDRESS	11202 STONEY PT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Alice T. Alexander* **1/24/03** **904-443-7384**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)