

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008784

1. Entity Name

THOMAS ALEXANDER, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90053 034 ***150.00

Principal Place of Business	Mailing Address
28 UNIONDALE LANE PALM COAST FL 32137	28 UNIONDALE LANE PALM COAST FL 32137

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 28A Uniondale Place	Suite, Apt. #, etc. 28A Uniondale Place
City & State Palm Coast FL	City & State Palm Coast FL
Zip 32164	Zip 32164
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3165109	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALEXANDER, THOMAS JR. 28 UNIONDALE PLACE PALM COAST FL 32137 32164	Name 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 _____ (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, 2000 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXANDER, THOMAS J 28A UNIONDALE PL PALM COAST FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, LUCILLE 28A UNIONDALE PL PALM COAST FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Lucille Jones 05/01/00 (904) 437-0754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)