

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096240

Entity Name: E. ALEXANDRA CLOTHIERS, INC.**Current Principal Place of Business:**6505 SW ARCHER ROAD
2052
GAINESVILLE, FL 32608**Current Mailing Address:**POST OFFICE BOX 357970
GAINESVILLE, FL 32635-7970 US**FEI Number: 56-2397512****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LECOMPTE, MORRIS A
800 SECOND AVENUE SOUTH
SUITE 380
ST. PETERSBURG, FL 33701 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	BRECKENRIDGE, JEANETTE H
Address	POST OFFICE BOX 357970
City-State-Zip:	GAINESVILLE FL 32635-7970

Title	VP
Name	ALLEY, G. MASON IV
Address	POST OFFICE BOX 357970
City-State-Zip:	GAINESVILLE FL 32635-7970

Title	VP
Name	BARTON, CHRISTA B
Address	5927 NW 31ST TERRACE
City-State-Zip:	GAINESVILLE FL 32653

Title	S
Name	BRECKENRIDGE, JEANETTE H
Address	POST OFFICE BOX 357970
City-State-Zip:	GAINESVILLE FL 32635-7970

Title	T
Name	BRECKENRIDGE, JEANETTE H
Address	POST OFFICE BOX 357970
City-State-Zip:	GAINESVILLE FL 32635-7970

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALLEY , G. MASON IV**VICE PRESIDENT****03/24/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date