

2002 UNIFORM BUSINESS REPORT (UBR)

0113730 AI

DOCUMENT # G48649
 1. Entity Name
ALFAIR DEVELOPMENT COMPANY, INCORPORATED

APPROVED AND FILED

02 AUG -8 PM 12:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 1348 DAVIS ST NORTH
 JACKSONVILLE FL 32209
 US

Mailing Address
 1348 DAVIS ST NORTH
 JACKSONVILLE FL 32209
 US

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-2306789**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

[Signature]

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ALFORD, JAMES D III
8039 LEXINGTON DRIVE
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete ALFORD, MAGGIE F. 8039 LEXINGTON DRIVE JACKSONVILLE FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ALFORD, JAMES D 8039 LEXINGTON DRIVE JACKSONVILLE FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700007113697--S -08/14/02--01067--022 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **President** **July 31, 2002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Alfair Development Company, Inc.

1348 North Davis Street
Jacksonville, Florida, 32209
Email: alfairdev@hotmail.com
State Certified Building Contractor: # CB-CO25191

Phone (904) 356-4454
Fax (904) 353-2721

August 8, 2002

Florida Department of the State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Waiver of The \$400.00 Late Fee.

Dear Sirs:

We are requesting that you waiver the \$400.00 late fees. We did not receive the prior notice in the mail.

Thank you,

Maggie Alford , President