

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90203 025 ***150.00

DOCUMENT # J19524

1. Entity Name
SANDRA ALFORD, INC.

Principal Place of Business

**1563 ALFORD PLACE, #4
 JACKSONVILLE FL 32207**

Mailing Address

**1563 ALFORD PLACE, #4
 JACKSONVILLE FL 32207**

2. Principal Place of Business

1111-70 SAN JOSE BLVD.

Suite, Apt. #, etc.

SUITE 315

City & State

JACKSONVILLE FL

Zip

32223

Country

USA

3. Mailing Address

1111-70 SAN JOSE BLVD

Suite, Apt. #, etc.

SUITE 315

City & State

JACKSONVILLE FL

Zip

32223

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2684710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ALFORD, SANDRA

**1563 ALFORD PLACE, #4
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name **SANDRA ALFORD**

Street Address (P.O. Box Number is Not Acceptable)

2808 EVERHOLLY LANE

City

JACKSONVILLE

FL

Zip Code

32223

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

SANDRA ALFORD

4.18.2002

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, 2002 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

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete

NAME **RIGSBY, JAMES E.**
 STREET ADDRESS **3901 BRAMSHAW NW**
 CITY-ST-ZIP **CANTON OH**

TITLE **TD** ☐ Delete

NAME **ALFORD, SANDRA RIGSBY**
 STREET ADDRESS **1563 ALFORD PLACE #4**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VSD** ☐ Delete

NAME **RIGSBY, THOMAS L**
 STREET ADDRESS **1563 ALFORD PLACE STE 4**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME **SANDRA RIGSBY ALFORD**
 STREET ADDRESS **1111-70 SAN JOSE BLVD. SUITE 315**
 CITY-ST-ZIP **JACKSONVILLE FL 32223-7946**

TITLE **TD** ☐ Change ☐ Addition

NAME **SANDRA RIGSBY ALFORD**
 STREET ADDRESS **1111-70 SAN JOSE BLVD. SUITE 315**
 CITY-ST-ZIP **JACKSONVILLE FL 32223-7946**

TITLE **VSD** ☐ Change ☐ Addition

NAME **THOMAS L RIGSBY**
 STREET ADDRESS **1111-70 SAN JOSE BLVD. SUITE 315**
 CITY-ST-ZIP **JACKSONVILLE FL 32223-7946**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **SANDRA ALFORD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.18.2002 904 716 1677

Date

Daytime Phone #

CR2E034 (9/01)