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	Mailing Address
1563 ALFORD PLACE. #4 JACKSONVILLE FL 32207	1563 ALFORD PLACE. #4 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11111-70 San Jose Blvd.	11111-70 San Jose Blvd
Suite, Apt. #, etc.: Suite 315	Suite, Apt. #, etc.: Suite 315
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32223 Country: USA	Zip: 32223 Country: USA

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] SANDRA ALFORD 4.18.2002
Signature, typed or printed name of registered agent and title if applicable. (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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RIGSBY, JAMES E. 3901 BRAMSHAW NW CANTON OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALFORD, SANDRA RIGSBY 1563 ALFORDPLACE #4 JAKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SANDRA RIGSBY ALFORD 11111-70 SAN JOSE BLVD. SUITE 315 JACKSONVILLE FL 32223-7946 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD RIGSBY, THOMAS L 1563 ALFORD PLACE STE 4 JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD THOMAS L RIGSBY 11111-70 SAN JOSE BLVD. SUITE 315 JACKSONVILLE FL. 32223-7946 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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] SANDRA ALFORD 4.18.2002 904 716 1677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #