2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90040 023 ***150.00

DOCUMENT # L41480

1. Entity Name
ALEXANDER BOOKKEEPING & TAX SERVICE, INC.

Principal Place of Business	Mailing Address
3534 BLUEBIRD DR NEW PT RICHEY FL 34652 US	3534 BLUEBIRD DR NEW PT RICHEY FL 34652-6206 US

U0020528

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2987355 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHLOE ANN ALEXANDER-KOBKE
3534 BLUE BIRD DRIVE
NEW PT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name CHLOE ANN ALEXANDER
Street Address (P.O. Box Number is Not Acceptable) 3534 BLUEBIRD DR
City NEW PORT RICHEY **FL** Zip Code 34652

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 Chloe Ann Alexander DATE 2/9/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHLOE, ANN ALEXANDER 3534 BLUE BIRD DR NEW PT RICHEY FL 34652 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Chloe Ann Alexander CHLOE ANN ALEXANDER Date 2/9/00 Daytime Phone # 727 842-1662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR