2000 UNIFORM BUSINESS REPORT (UBR)

0011617 AF

DOCUMENT # L99000000269

1. Entity Name

ALEXIS GROUP INT'L, L.L.C.

9/29/00

FILED
01 APR -5 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1129 PENINSULA ROAD TARPON SPRINGS FL 34689	1129 PENINSULA ROAD TARPON SPRINGS FL 34689-2941

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 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAZATONE, GEORGE 1129 PENINSULA ROAD TARPON SPRINGS FL 34689	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.

SIGNATURE X George Hazatone MGR. DATE 3/05/01

(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
~~Make Check Payable to Department of State~~

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HAZATONE, GEORGE 1129 PENINSULA ROAD TARPON SPRINGS FL 34689	☐ Delete	MGR Roxanne Hewitt 1129 Peninsula Rd Tarpon Springs, FL 34689	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MEHAS, JOHN 1201 HILLSIDE DRIVE TARPON SPRINGS FL 34689	☐ Delete	900004008919--6 -04/13/01--01098--003 ****200.00 ****200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HAZATONE HARKINS, BROOKE 1702 CASTLEWOOD LANE PALM HARBOR FL 34683	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	REINSTATEMENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (9/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 11/6/00 727-515-2545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #