

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018689 AF

DOCUMENT # M99000001545

1. Entity Name

STEPHEN ALEXANDER CONSULTANTS, L.L.C.

FILED

01 APR -6 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

611 DRUID ROAD EAST, SUITE 200  
CLEARWATER FL 33756

Mailing Address

611 DRUID ROAD EAST, SUITE 200  
CLEARWATER FL 33756

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

22-3680228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM WATSON, PAUL  
STREET ADDRESS 611 DRUID ROAD EAST, SUITE 200  
CITY-ST-ZIP CLEARWATER FL 34616 ☒ Delete

TITLE NAME MGRM WISEMAN, SHANE  
STREET ADDRESS 611 DRUID ROAD EAST, SUITE 200  
CITY-ST-ZIP CLEARWATER FL 34616 ☒ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MANAGING MEMBER HANS F. HEYE  
STREET ADDRESS 611 DRUID RD. EAST, SUITE 200  
CITY-ST-ZIP CLEARWATER, FL, 33759 ☐ Change ☒ Addition

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/29/01

Date

(727)442-0825

Daytime Phone #

CR2E083 (11/00)