

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90009 002 ***550.00

DOCUMENT # P00000018925

1. Entity Name
ALEXANDER TRUCKING, INC.

Principal Place of Business

**11745 SANDERS LN.
 DADE CITY FL 33525**

Mailing Address

**11745 SANDERS LN.
 DADE CITY FL 33525**

2. Principal Place of Business

39315 Clinton Ave

3. Mailing Address

P O Box 1242

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dade City FL

City & State

Dade City FL

4. FEI Number

59-3430989

Applied For

Not Applicable

Zip

33525

Country

FLA

Zip

33526-1242

Country

FLA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALEXANDER, ROBERT M
 11745 SANDERS LN.
 DADE CITY FL 33525**

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **ALEXANDER, ROBERT M**
 STREET ADDRESS **11745 SANDERS LN.**
 CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D** ☐ Delete
 NAME **ALEXANDER, JOE G SR.**
 STREET ADDRESS **11745 SANDERS LN.**
 CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **Alexander, FRANCES**
 STREET ADDRESS **39315 Clinton Ave**
 CITY-ST-ZIP **DADE City, FL 33525**

TITLE ☒ Change ☐ Addition
 NAME **Alexander, Joe G. Sr.**
 STREET ADDRESS **39315 Clinton Ave**
 CITY-ST-ZIP **Dade City, FL 33525**

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

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-001

Date

Daytime Phone #

CR2001 (5/01)