

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90042 013 ***150.00

DOCUMENT # P00000092497

1. Entity Name

W. F. ALEXANDER & ASSOCIATES, INC.

Principal Place of Business

**5704 FOX LAKE DRIVE #2
 NORTH FORT MYERS FL 33917**

Mailing Address

**5704 FOX LAKE DRIVE #2
 NORTH FORT MYERS FL 33917**

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

65-1045892
~~65-1045827~~

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ALEXANDER, WESLEY F
 5704 FOX LAKE DRIVE #2
 NORTH FORT MYERS FL 33917**

7. Name and Address of New Registered Agent

Name **SUZANNE C. DRAVES**

Street Address (P.O. Box Number is Not Acceptable)

142 EVERGREEN Rd

City

N. FT. MYERS

FL

Zip Code

33903

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.

SUZANNE C. DRAVES

PRESIDENT

4/8/02

(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

TITLE **D** ☒ Delete
 NAME **ALEXANDER, WESLEY F**
 STREET ADDRESS **5704 FOX LAKE DRIVE #2**
 CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT/D** ☒ Change ☐ Addition
 NAME **SUZANNE C. DRAVES**
 STREET ADDRESS **142 EVERGREEN Rd**
 CITY-ST-ZIP **N. FT. MYERS FL 33903**

TITLE ☐ Change ☒ Addition
 NAME **SCOTT ALEXANDER**
 STREET ADDRESS **360 CAPRI BLVD. #212**
 CITY-ST-ZIP **ISLES OF CAPRI
 MIAMI, FL 33113**

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

SUZANNE DRAVES 4/8/02 (941) 671-850

Date

Daytime Phone #

CR2E034 (9/01)