2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000092497

Entity Name: W. F. ALEXANDER & ASSOCIATES, INC.

Apr 23, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

#2

NORTH FORT MYERS, FL 33917

Current Mailing Address: New Mailing Address:

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

NORTH FORT MYERS, FL 33917

FEI Number: 65-1045872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DRAVES, SUZANNE L DRAVES, SUZANNE L 1335 JOHNSON ROAD 142 EVERGREEN ROAD NORTH FORT MYERS, FL 33917 FORT MYERS, FL 33903

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: SUZANNE DRAVES 04/23/2003

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

DRAVES, SUZANNE L DRAVES, SUZANNE L Name: Name: 142 EVERGREEN ROAD 1335 JOHNSON ROAD Address: Address:

NORTH FORT MYERS, FL 33917 City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip:

Title: (X) Change () Addition Title: () Delete ALEXANDER, SCOTT Name: ALEXANDER, SCOTT Name:

360 CAPRI BLVD, #212, ISLES OF CAPRI 177 SANTA CLARA DR. #14 Address: Address: NAPLES, FL 34113 NAPLES, FL 34104 City-St-Zip: City-St-Zip:

() Delete Title: Title: () Change (X) Addition

ALEXANDER, BARBARA J Name: Name: 5704 FOXLES DR. #2 Address Address:

City-St-Zip: City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE L. DRAVES PTD 04/23/2003