

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90015 017 \*\*\*150.00

**DOCUMENT # P00000099488**

1. Entity Name

**J. REID ALEXANDER ARCHITECT AND PLANNERS, INC.**

Principal Place of Business

**119 LIVE OAK LANE  
LARGO FL 33549**

Mailing Address

**119 LIVE OAK LANE  
LARGO FL 33549**

2. Principal Place of Business

**119 LIVE OAK LANE**

3. Mailing Address

**119 LIVE OAK LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LARGO, FLORIDA**

City & State

**LARGO, FLORIDA**

Zip

**33770**

Country

**USA**

Zip

**33770**

Country

**USA**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ALEXANDER, J. REID  
119 LIVE OAK LANE  
LARGO FL 33549**

7. Name and Address of New Registered Agent

Name **J. REID ALEXANDER**

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

**119 LIVE OAK LANE**

City **LARGO**

**FL**

Zip Code **33770**

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 **J. REID ALEXANDER, PRESIDENT**

**JAN. 24, 2001**

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 \$150.00  
After MAY 1, 2001 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 **DPS** ☐ Delete  
NAME **ALEXANDER, J. REID**  
STREET ADDRESS **119 LIVE OAK LANE**  
CITY-ST-ZIP **LARGO FL 33549**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☒ Change ☐ Addition  
NAME **ALEXANDER, J. REID**  
STREET ADDRESS **119 LIVE OAK LANE**  
CITY-ST-ZIP **LARGO, FLORIDA 33770**

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

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 insolvency 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 to my address, with all other like empowered.

SIGNATURE **J. REID ALEXANDER, PRES.** **JAN 24, 2001** **(727) 669-8121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)