## 2002 Uniform Business Report (UBR)

DOCUMENT # P01000115298  1. Entity Name ALEXIS HOLDINGS, INC.					Secretary of State 03-14-2002 90009 045 ***150.00	
Principal Place of Business 19 MARINA TERRACE TREASURE ISLAND FL 33706		Mailing Address 19 MARINA TERRACE TREASURE ISLAND FL 3	3706			
2. Principal Place of Business		3. Mailing Address				
		•				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEL Number Applied For Not Applied For Not Applied For	7
Zip Coun	ry	Zip	Coun	itry	5. Certificate of Status Desired   \$8.75 Additional Fee Required	1
6. Name and Ad	dress of Current R	egistered Agent			7. Name and Address of New Registered Agent	1
SISSON, LARRY WILLIAMS 218-SOUTHERN COUNTRY-LN. 19 MA		oms, Charles J. Ziva Terracc		Name		
				Street Addre	ress (P.O. Box Number is Not Acceptable)	
QUINCY FL-32351-		RE ISLAND FL				
	1 ICCHS	3370	96	City	FL Zip Code	1
8. The above named entity submits	this statement for t	he purpose of changing its	registere	ed office or regi	gistered agent, or both, in the State of Florida.	1
SIGNATURE Signatule, typed or printed in	dung ame of registéred agent and	title if applicable. (NOTE	: Registere	d Agent signature rec	3-4-02— required when reinstating) DATE	
9. This corporation is eligible to sa Tax filing requirement and elect (See criteria on back)		FILE NOW! After May 1, 200 Make Check Payab	02 Fee	will be \$550.0		
TITLE DPST WILLIAMS, CHAF STREET ADDRESS CITY-ST-ZIP TREASURE ISLAI	RACE	RECTORS  Delete	TITLE NAM STRE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition	34 (9/01)
TITLE NAME STREET ADDRESS			Plec	use no	ole: Vorporation is 3402	5
CITY-ST-ZIP	2 ·	u in	ae	five.	Once any business is	
STREET ADDRESS CITY-ST-ZIP		Cor	rdu	cheel	we will not ty at	1
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					Once any businessis we will not by all we you and you	ı
TITLE NAME STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS	V	_

13. I hereby certify that the information supplied with this filling 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 artist ment with an address, with all other like empowered.

SIGNATURE:

SENATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

34-02

Daytime Phone #