

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90538 047 ***150.00

DOCUMENT # P02000038730

1. Entity Name
BOB AND NANCY ALFORD THREE J JEWELERS INC.



Principal Place of Business
917 SUWANNEE DRIVE
APOPKA FL 32703

Mailing Address
917 SUWANNEE DRIVE
APOPKA FL 32703

2. Principal Place of Business

1280 Orange Ave

3. Mailing Address

1280 Orange Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Winter Park FL

4. FEI Number

01 0640786

Applied For
Not Applicable

Zip
32789

Country
USA

Zip
32789

Country
USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WARSHAW, NINA
11912 NW 2 COURT
CORAL SPRINGS FL 33071

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
Owner
NAME
Bob Alford
STREET ADDRESS
1280 Orange Ave
CITY-ST-ZIP
Winter Park FL 32789

☐ **Delete**

TITLE
Owner
NAME
Nancy Alford
STREET ADDRESS
1280 Orange Ave
CITY-ST-ZIP
Winter Park FL 32789

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

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☐ **Change** ☐ **Addition**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nancy A. Alford

4/21/03 407 3390155

Date

Daytime Phone #

CR2E034 (10/02)