

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000113459

FILED

03 JUN -5 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55041918



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000113459

1. Entity Name
ALEXANDER PRODUCTIONS, INC

Principal Place of Business
14100 SUMMERSVILLE PLACE
DAVIE FL 33325

Mailing Address
14100 SUMMERSVILLE PLACE
DAVIE FL 33325

2. Principal Place of Business
14100 SUMMERSVILLE PL

3. Mailing Address
(SAME)

City & State
DAVIE, FL

City & State
(SAME)

Zip
33325

Country
USA

Zip
(SAME)

Country
(SAME)

4. FEI Number
61-1437807

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LUBIN, SETH D ESO
14100 SUMMERSVILLE PLACE
DAVIE FL 33325

7. Name and Address of New Registered Agent
Name: THOMAS C. ALEXANDER
Street Address (P.O. Box Number is Not Acceptable): 14100 SUMMERSVILLE PL
City: DAVIE FL Zip Code: 33325

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: THOMAS C. ALEXANDER PRES. (NOTE: Registered Agent signature required when reinstating) DATE: 4-30-03

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT THOMAS C. ALEXANDER 14100 SUMMERSVILLE PL. DAVIE, FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	900013019699 05/05/03--01096--021 ***300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: THOMAS C. ALEXANDER 4-30-03 954-801-0586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/02)