

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90324 032 ***150.00

DOCUMENT # P96000050908

1. Entity Name

ALVAREZ & PAGE, P.A., ATTORNEYS AT LAW



Principal Place of Business

**POST OFFICE BOX 1130
FERNANDINA BEACH FL 32035**

Mailing Address

**POST OFFICE BOX 1130
FERNANDINA BEACH FL 32035**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3393177

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, ALEXA K

**311 CENTRE STREET STE 204
FERNANDINA BEACH FL 32034**

Name

Alvarez, Alexa K.

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

28 South 10th Street

City

Fernandina Beach FL

Zip Code

32034

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

Alexa K. Alvarez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ALVAREZ, ALEXA K**
CITY-ST-ZIP **POST OFFICE BOX 1130
FERNANDINA BEACH FL 32035**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **PAGE, KIMBERLY P**
CITY-ST-ZIP **POST OFFICE BOX 1130
FERNANDINA BEACH FL 32035**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

Alexa K. Alvarez

SIGNATURE:

Alexa K. Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/03 (904) 261-6755

Daytime Phone #

CR2E034 (10/02)