

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90105 034 \*\*\*150.00

**DOCUMENT # P96000053890**

1. Entity Name  
**ALICE'S WONDERLAND DESIGNS BY ALICE ALEXANDER, I  
NC.**



Principal Place of Business  
**21732 BIRCH STATE PARKWAY  
BOCA RATON FL 33428**

Mailing Address  
**21732 BIRCH STATE PARKWAY  
BOCA RATON FL 33428**

2. Principal Place of Business  
**22600 LOMBARD AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**22600 LOMBARD AVE**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**BOCA RATON FL.**  
Zip  
**33428**

City & State  
**BOCA RATON FL.**  
Zip  
**33428**

4. FEI Number  
**65-0721377**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ALEXANDER, JESSE  
21732 BIRCH STATE PARKWAY  
BOCA RATON FL 33428**

**7. Name and Address of New Registered Agent**

Name **ALEXANDER, JESSE - (SAME AGENT)**  
Street Address (P.O. Box Number is Not Acceptable)  
**22600 LOMBARD AVE.**  
City **BOCA RATON** FL Zip Code **33428**

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 <b>D</b>	<input type="checkbox"/> Delete
NAME <b>ALEXANDER, ALICE</b>	
STREET ADDRESS <b>21732 BIRCH STATE PARKWAY</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33428</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALEXANDER, ALICE</b>	
STREET ADDRESS <b>22600 LOMBARD AVE</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33428</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 all other like empowered.

SIGNATURE: **ALEXANDER, JESSE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-25-03 561-479-3040**

Date

Daytime Phone #

CR2E034 (10/02)