

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90004 042 ***550.00

DOCUMENT # P97000028688

1. Entity Name
THE GERARD ALEXANDER CONSULTING GROUP, INC.

Principal Place of Business

**705 WEST BAY STREET
TAMPA FL 33606**

Mailing Address

**705 WEST BAY STREET
TAMPA FL 33606**

2. Principal Place of Business

600 S Magnolia Ave

Suite, Apt. #, etc.

**Suite 200
TAMPA FL**

Zip
33606

Country

3. Mailing Address

600 S Magnolia Ave

Suite, Apt. #, etc.

**Suite 200
TAMPA FL**

Zip
33606

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3440895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WAGNER, JAMES

**703 W BAY ST
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name

Wagner James

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

600 South Magnolia Ave

City

Tampa

FL

Zip Code

33606

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WAGNER, JAMES A**
CITY-ST-ZIP **17923 PHOENIX CIRCLE
TAMPA FL 34618**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WINDISH, CHARLES G**
CITY-ST-ZIP **7529 CLEARVIEW DRIVE
TAMPA FL 33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/01

Daytime Phone #

0085549 AV

CR2E034 (5/01)