

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039848

1. Entity Name

ALEXANDER SPECIAL INVESTIGATIONS, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90057 020 ***150.00

Principal Place of Business

Mailing Address

2070 GROVE BLUFF ROAD
JACKSONVILLE FL 32259

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JACKSONVILLE FL 32259

2. Principal Place of Business

3127-3 Atlantic Boulevard

3. Mailing Address

445-26 STATE RD 13

Suite, Apt. #, etc.

Suite 382

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32207

Country

Daval

Zip

32259

Country

St. Johns

4. FEI Number

59-3499184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, IRA R
2070 GROVE BLUFF ROAD
JACKSONVILLE FL 32259

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.

SIGNATURE

Ira R. Alexander

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 07, 2001

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 \$150.00

After MAY 1, 2001 Fee will be \$550.00

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 **P** ☐ Delete
NAME **IRA R ALEXANDER**
STREET ADDRESS **2070 GROVE BLUFF RD**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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:

Ira R. Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 07, 2001

Date

(904) 287-0000

Daytime Phone #

CR2E034 (10/00)

0024379