

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91341 036 ***150.00

DOCUMENT # P97000039848

1. Entity Name

ALEXANDER SPECIAL INVESTIGATIONS, INC.

(NC) LW

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6028 Chester Ave

Suite, Apt. #, etc.

Suite # 100

City & State

JACKSONVILLE, FL

Zip

32217

Country

USA

3. Mailing Address

445-26 STATE RD 13

Suite, Apt. #, etc.

382

City & State

JACKSONVILLE, FL

Zip

32259

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

593499184

Applied For:

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

IRA R. ALEXANDER

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

445-26 STATE RD 13

382

City

JACKSONVILLE,

FL

Zip Code

32259

**DO NOT WRITE
IN THIS SPACE**

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

IRA R. ALEXANDER

5/1/2002

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

(NOTE: Registered Agent signature required when transferring)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT / TREASURER

IRA R. ALEXANDER

445-26 STATE RD 13 # 382

JACKSONVILLE, FL 32259

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VICE PRESIDENT / SECRETARY

ETHEL D. ALEXANDER

445-26 STATE RD 13 # 382

JACKSONVILLE, FL 32259

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

IRA R. ALEXANDER

IRA R. ALEXANDER

5/1/2002

(904) 443-9065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.