2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90145 027 ***150.00

DOCUMENT # P97000073989

1. Entity Name
ALEXIA CORPORATION

Principal Place of Business	Mailing Address
3620 SAYBROOK PL. BONITA SPRINGS, FL 34134 US	3620 SAYBROOK PL. BONITA SPRINGS, FL 34134 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
18 Fairway Drive	18 Fairway Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradford, MA	City & State: Bradford, MA
Zip: 01835 Country: USA	Zip: 01835 Country: USA

4. FEI Number **65-0776519** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUBIN, GARY M
3620 SAYBROOK PL.
BONITA SPIRNGS, FL 34134

7. Name and Address of New Registered Agent

Name: Pavlich, Slack + Wolff, P.A.
Street Address (P.O. Box Number Is Not Acceptable): 801 Anchor Rode Dr. #203
City: Naples FL Zip Code: 34103

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: Gerald R. Pitkin, PA 4/8/2003
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RUBIN, GARY M 3620 SAYBROOK PL. BONITA SPRINGS, FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 4/8/2003 978-556-9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #