

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 997000090024

1. Entity Name

ALEX CONSULTING, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 11 AM 9:33

Principal Place of Business

Mailing Address

SAME

165 19th AVE NIE
ST. PETERSBURG, FL 33704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-3473895

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAUL J. WINKLE
165 19th AVE NIE
ST. PETERSBURG, FL
33704

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

Signature, typed or printed name of registered agent and title 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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
PAUL J. WINKLE
165 19th AVE NIE
ST. PETERSBURG, FL 33704

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
400004494304
-07/24/01--01095--018
***300.00 ***300.00

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition
SP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

PAUL J. WINKLE, PRES 4/23/01 727 3680535

UR2E034 (11/00)

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Paul Winkle, President
Alex Consulting, Inc.
165 19th Avenue, N.E.
St. Petersburg, FL 33704

FEIN: 59-3473895

June 26, 2001

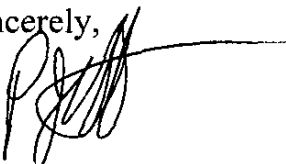
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Enclosed Notice of Administrative Dissolution

This letter is written in response to the attached Notice of Administrative Dissolution I have recently received. I request that the Department of State consider reinstating Alex Consulting, Inc. and waiving the reinstatement fee because I previously have never received any notices to file. The US Post Office had not been delivering my corporate mail to the above address because it was a residence. I have since corrected the problem and am now receiving my mail.

I pray that the state will allow me to continue as Alex Consulting, Inc. due to the fact that my failure to file reports *was not intentional*. I have included a check for \$300 to pay my annual fees for 2000 and 2001.

Sincerely,



Paul Winkle