

1012

09/00

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 14 PM 12:25

Entity Name # P98000049670	
DEALEXANDRIS ENTERPRISES, INC.	
Principal Place of Business P. O. BOX 550507 JACKSONVILLE, FL 32255-0507	Mailing Address P. O. BOX 550507 JACKSONVILLE, FL 32255-0507

2. Principal Place of Business P. O. BOX 550507 Suite, Apt. #, etc.	3. Mailing Address P. O. BOX 550507 Suite, Apt. #, etc.
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City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32255-0507	Zip 32255-0507
Country USA	Country USA

DO NOT WRITE IN THIS SPACE

05-07-99 90076 017 \$150.00

4. FEI Number 65-0840848	Applied For Not Applicable
5. Certificate of Status Desired- <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DEALEXANDRIS, ROBERT A.
P. O. BOX 550507
JACKSONVILLE, FL
32255-0507

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6622 SOUTH POINT DRIVE - SOUTH

City JACKSONVILLE, FL Zip Code 32216

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D DEALEXANDRIS, ROBERT A. P. O. BOX 550507 JACKSONVILLE, FL 32255-0507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEALEXANDRIS, SHARON A. P. O. BOX 550507 JACKSONVILLE, FL 32255-0507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEALEXANDRIS, BRIAN B. P. O. BOX 550507 JACKSONVILLE, FL 32255-0507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: x Robert A. Dealexandris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 7/28/01 Daytime Phone # 943-466-0229

CR 034 (9/99)

Eve E. Brown, C.P.A.
Daniel M. Edelman, C.P.A.
Matthew E. Edelman, C.P.A.
Randall L. Herndon, C.P.A.
William R. Lahnen, Jr., C.P.A.
Neil N. Presser, C.P.A.
John W. Ranes, Jr., C.P.A.

PRESSER, LAHNEN & EDELMAN
Certified Public Accountants

2052
Attachment
P98000049670

June 12, 2000

**Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314-6327**

Re: DeAlexandris Enterprises, Inc.; Document #P98000049670

Dear Sir or Madame:

We are responding to your correspondence dated May 24, 2000 (attached). Our records indicate that the above referenced entity filed a timely 1999 Corporate Annual Report. Enclosed is a copy of the submitted 1999 Corporate Annual Report, along with a photocopy of the check for the required annual fee (cleared 5/7/99 by Department of State). In lieu of the enclosed records, we respectfully request that the above referenced entity be reinstated at no expense.

Also enclosed is the 2000 Corporate Uniform Business Report, as previously submitted and timely filed. The registered agent's address has been corrected as requested by your correspondence dated May 24, 2000. We respectfully request that all records relating to DeAlexandris Enterprises be made current.

Thank you for your assistance in this matter. Please do not hesitate to call me if you have any additional questions.

Sincerely,



**John W. Ranes, Jr.
CPA for the Taxpayer**

Attachment

cc: Robert A. DeAlexandris

6622 Southpoint Drive, South
Suite 495
Jacksonville, Florida 32216
Tel 904-296-9333 • Fax 904-296-4208

Post Office Box 550507
Jacksonville, Florida 32255-0507
e-mail: ple@plecpa.com • website: www.plecpa.com