

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077991

1. Entity Name

ALEXANDER OF S.W. FLORIDA, INC.

Principal Place of Business

1422 S.E. 22ND STREET
CAPE CORAL FL 33990

Mailing Address

1422 S.E. 22ND STREET
CAPE CORAL FL 33990

2. Principal Place of Business

1837 BEACH PKWY.

3. Mailing Address

1837 BEACH PKWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL.

City & State

CAPE CORAL, FL.

Zip

33904

Country

USA

Zip

33904

Country

USA

6. Name and Address of Current Registered Agent

MANZI, SALVATORE J

1422 S.E. 22ND STREET

CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name

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

1837 BEACH PKWY.

Apt. 205

City

CAPE CORAL

FL

Zip Code

33904

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

Salvatore J. Manzi

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 \$550.00

After SEPTEMBER 12, 2000 MIN. will be \$750.00

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	D	<input type="checkbox"/> Delete
NAME	MANZI, SALVATORE J	
STREET ADDRESS	1422 S.E. 22ND STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANZI, VERONICA E	
STREET ADDRESS	1422 S.E. 22ND STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1837 BEACH PKWY, Apt. 205	
CITY-ST-ZIP	CAPE CORAL, FLA. 33904	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1837 BEACH PKWY, Apt. 205	
CITY-ST-ZIP	CAPE CORAL, FLA. 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100006854941--8	
STREET ADDRESS	-08/01/02--01047--015	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100006854941--8	
STREET ADDRESS	-08/01/02--01047--015	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	01-02482 T8	
STREET ADDRESS		
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:

Salvatore J. Manzi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

Daytime Phone #

CR2E034 (5/00)

FILED

02 JUL 24 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE