| 2000 UNIFORM BUSINESS REPORT (UBR) | | | | PAGOIN - |
|---|--|-------------------------------------|--|--|
| DOCUMENT # P99000024975 | | | | FILED C |
| ALEXANDROS OF CLEARWATER, INC. | | | | 00 OCT -9 AH 9: 07 |
| | | *** | | y The State of STATE |
| Principal Place of Business 100 PIERCE ST #1208 | | Mailing Address 100 PIERCE ST #1208 | | THE THE STATE OF THE PARTY OF T |
| CLEARWATER FL 33756 | | CLEARWATER FL 33756 | | |
| | | | | L CERTICAL HA TRUE HAND BOTH BOTH BOTH BOTH COURT BUTTER COURT BUTTER FROM COURT |
| 2. Principal Place of Business 1001 Missouri Avenue | | 3. Mailing Address Plo. Box 3489 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE |
| City & State Clearwater, FL | | City & State Clearwater, FL | | 4. FEI Number Applied For 59-3582844 Not Applicable |
| Zip 33756 | Country USA | Zip 33767 | Country USA | 5. Certificate of Status Desired Sa.75 Additional Fee Required |
| 33730 | 6. Name and Address of Current | | | 7. Name and Address of New Registered Agent |
| ARNOLD, JACK R CORRECT SPELLING OF NAME ST. ARNOLD, JACK R. | | | | |
| 1370 PINEHURST ROAD Street Address (P.O. Box Number is Not Acceptable) | | | | |
| אטע | IEDIN FL 34698 | | | |
| | | | 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 farme of equistered agent signature required when reinstating) DATE | | | | |
| 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 | | | | |
| Tax filing requirement and elects to do so. (See criteria on back) After SEPTEMBER 13, 2000 Min. will be \$750 Make Check Payable to Department of State | | | tof State Trust Fund Contribution. Trust Fund Contribution. Added to Fees | |
| 11. | OFFICERS AND PSTD | DIRECTORS Delete | 12. TITLE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 XXX Change □ Addition |
| NAME | ALEXANDER, WILLIAM 100 PIERCE ST #1208 | ∟r ∪elete | NAME STREET ADDRESS | ALEXANDER, WILLIAM |
| STREET ADDRESS CITY-ST-ZIP | CLEARWATER FL 33756 | | CITY-ST-ZIP | P.O. Box 3489 Clearwater, FL 33767 |
| TITLE NAME | | ☐ Delete | TITLE NAME | PD ☐ Change ☑ Addition ☐ ALEXANDER, JAMES W. |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | 1001 Missouri Avenue Clearwater, FL 33756 |
| TITLE | | ☐ Delete | TITLE | Clearwater, Fir 33790 |
| NAME STREET ADDRESS | in the second of | | STREET ADDRESS | |
| CITY-ST-ZIP TITLE | | □ Delete | CITY-ST-ZIP TITLE | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE NAME | | Delete | TITLE NAME | Change Addition |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS | |
| TITLE | | Delete | TITLE | Change Addition |
| NAME STREET ADDRESS | | , | NAME STREET ADDRESS | what a property of the |
| CITY-ST-ZIP | ertify that the information supplied with | this filing does not qualify for | CITY-ST-ZIP | red in Section 1 (9.07(3)(i). Florida Statutes I further certify that the information |
| 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 supplymental 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: COLLEGATION 10-4-00 | | | | |
| SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | |

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ST. ARNOLD & STEARNS ATTORNEYS AT LAW

Jack R. St. Arnold, Esq. James R. Stearns, Esq. Charles M. Phillips, Jr., Esq. Of Counsel

Kim L. Kaszuba, Esq.

October 4, 2000

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

RE: ALEX

ALEXANDROS OF CLEARWATER, INC.

DOCUMENT # P99000024975

FEIN 59-3582844

Dear Sir/Madam:

gang and a committee of

Pursuant to our telephone conversation with your office today, enclosed please find the following:

Original 2000 Uniform Business Report for the above-referenced corporation.

2. Copy of the canceled check verifying payment of the fees by the due date.

It is our understanding that the check was accepted, however, the report was returned to the corporation with a letter requesting the Federal Identification Number. That letter was never received as it was mailed to the wrong address (P.O. Box 1430); and further correspondence was mailed to the business (1001 Missouri Avenue) and never received because there was no business existing at that time.

Please call our office COLLECT (727-736-2900 Linda or Jack) to verify the State's receipt of this correspondence and reinstatement of the corporation.

Thank you for your cooperation and assistance.

Sincerely,

Jack R. \$t. Arnold

JRS/Isp

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