

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100491

1. Entity Name
ALEXIE, INC.

FILED

01 JUL 11 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1520 BOTTLEBRUSH DR. NE. SUITE #2M
PALM BAY FL 32905

Mailing Address
1520 BOTTLEBRUSH DR. NE. SUITE #2M
PALM BAY FL 32905

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 59-3607899

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

BRUEL, VALERIE
1520 BOTTLEBRUSH DR. NE, SUITE #2M
PALM BAY FL 32905

Name

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

City

FL

Zip Code 32901

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 \$550.00
After September 12, 2001 Fee 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRUEL, VALERIE
1520 BOTTLEBRUSH DR. NE, SUITE #2M
PALM BAY FL 32905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
936 E NEW HAVEN AV

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600004488826-8-15
-07/23/01--01014--002
****150.00 ****150.00

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01

Date

Daytime Phone #

CR2E034 (5/01)

282

VALERIE BRUEL
ALEXIE, INC
1520 Bottlebrush Dr NE
Suite 2M
Palm Bay FL 32905

July 3, 2001

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Uniform Business Report
Late Filing

To Whom It May Concern:

Please find enclosed a check #1161 in the amount of \$150.00 in payment of fees due.

I apologize for the late filing, but was distracted from my business responsibilities by a death in my immediate family.

I would appreciate your help in this matter.

Thank you.

Very truly yours,



Valerie Bruel