

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64698

1. Entity Name

ALEXANDREA CHADWIK DESIGNS, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90091 026 ***158.75

Principal Place of Business

Mailing Address

1844 GRIST STONE CT.
ATLANTA GA 30307

1844 GRIST STONE CT.
ATLANTA GA 28031-7787

2. Principal Place of Business

Alexandrea Chadwik Designs

3. Mailing Address

Alexandrea Chadwik Designs

Suite, Apt. #, etc.

11618 Flying Jib Rd

Suite, Apt. #, etc.

11618 Flying Jib Rd

City & State

Cornelius, NC

City & State

Cornelius, NC

Zip
20831

Country

US

Zip
20831

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0386345

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KESSLER, RHEA
127 S.E. 1ST AVE.

HALLANDALE FL 33009-5551

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	KESSLER, RHEA	
STREET ADDRESS	1844 GRIST STONE CT.	
CITY-ST-ZIP	ATLANTA GA 30307	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KESSLER, RHEA		
STREET ADDRESS	11618 Flying Jib Rd		
CITY-ST-ZIP	Cornelius, NC 20831		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

3/23/00

Date

704-892-0366

Daytime Phone #

CR2E034 (9/99)