

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90006 017 ***158.75

DOCUMENT # M87180

1. Entity Name
ALKRIS, INC.

Principal Place of Business

2426 WISTERIA RD.
 VENICE FL 34293

Mailing Address

2426 WISTERIA RD.
 VENICE FL 34293-1544

2. Principal Place of Business

2460 Shelton Pt. Rd.
 Suite, Apt. #, etc.

3. Mailing Address

2426 WISTERIA RD.
 Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

VENICE, FL

4. FEI Number

65-0063714

Applied For

Not Applicable

Zip

Country

34231

SARASOTA

Zip

Country

34293

SARASOTA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINDA KIRBY
2426 WISTERIA RD.
VENICE FL 34293

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 NAME STREET ADDRESS CITY-ST-ZIP	P KIRBY, LINDA 2426 WISTERIA RD VENICE FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIRBY, LINDA 2426 WISTERIA RD. VENICE FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Linda Kirby*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00
 Date

493-5439
 Daytime Phone #

CR2E034 (9/99)

C0031734



DO NOT WRITE IN THIS SPACE