

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90033 005 \*\*\*158.75

**DOCUMENT # P93000027010**

1. Entity Name  
**ALKCORP, INC.**

Principal Place of Business

**3200 SHAWNEE AVE  
 STE 7  
 WEST PALM BEACH FL 33409  
 US**

Mailing Address

**3200 SHAWNEE AVE  
 STE 7  
 WEST PALM BEACH FL 33409  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**400 Executive Center Dr  
 Suite, etc.  
 106**

3. Mailing Address

**400 Executive Center Dr  
 Suite, etc.  
 106**

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

4. FEI Number **65-0417773**

Applied For  
 Not Applicable

Zip **33401**

Country **Palm Beach**

Zip **33401**

Country **Palm Beach**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KLASCHUS, ARNOLD L  
 2284 SARATOGA BAY DRIVE  
 WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name **Klaschus, Arnold L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2306 Bear Pointe**  
 City **West Palm Beach** FL Zip Code **33409**

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 **Arnold Sam Klasch**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)  
 DATE **1/3/02**

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, 2002 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KLASCHUS, ARNOLD L</b>	
STREET ADDRESS	<del>2284 SARATOGA BAY DRIVE</del>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> Delete
NAME	<b>KLASCHUS, TERESA M</b>	
STREET ADDRESS	<del>2284 SARATOGA BAY DRIVE</del>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	
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	<b>2306 Bear Pointe</b>	
STREET ADDRESS	<b>2306 Bear Pointe</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2306 Bear Pointe</b>	
STREET ADDRESS	<b>2306 Bear Pointe</b>	
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: **Arnold Sam Klasch**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/3/02**

Daytime Phone #

CR2E034 (9/01)