

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90057 024 ***150.00

DOCUMENT # P99000080533

1. Entity Name
ALPHA BAKR CORPORATION

| | |
|---|--|
| Principal Place of Business 263 N. WASHINGTON DR. SARASOTA FL 34236 | Mailing Address 263 N. WASHINGTON DR. SARASOTA FL 34236-1419 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 240 North Washington Blvd | 3. Mailing Address 240 N. Washington Blvd |
|---|--|

| | |
|----------------------------------|----------------------------------|
| Suite, Apt. #, etc. Suite 308 | Suite, Apt. #, etc. Suite 300 |
|----------------------------------|----------------------------------|

| | |
|-----------------------------|-----------------------------------|
| City & State Sarasota FL | City & State Sarasota FL 34236 |
|-----------------------------|-----------------------------------|

| | |
|-----------------------------|--|
| 4. FEI Number 65-0947352 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | | | |
|--------------|----------------|--------------|----------------|
| Zip 34236 | Country USA | Zip 34236 | Country USA |
|--------------|----------------|--------------|----------------|

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

DRAKE, J. KEVIN
1432 FIRST ST., SUITE C
SARASOTA FL 34236

| | |
|--|-------------|
| 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 | D BAKR, HYTHAM A 263 N. WASHINGTON DR. SARASOTA FL 34236 <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 | D LINDSEY, JEFFREY W 45665 WILLOW POND PLAZA STERLING VA 20164-4453 <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 | D ANGELIDES, PHILIOS 45665 WILLOW POND PLAZA STERLING VA 20164-4453 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** (703) 709-2206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)