

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 433715

1. Entity Name

ALKOW AND COMPANY, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90119 033 ***150.00

Principal Place of Business

Mailing Address

341 W. TROPICAL WAY
P.O. BOX 15878
PLANTATION FL 33318-5878

341 W. TROPICAL WAY
P.O. BOX 15878
PLANTATION FL 33318-5878

2. Principal Place of Business

3. Mailing Address

7205 WARREN DR

Suite, Apt. #, etc.
PO Box 46878

City & State
TAMPA FL

Zip
33647

Country
HILLSBORO

City & State
TAMPA FL

Zip
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HILLSBORO



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1564700

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

ALKOW, M HARVEY
341 W. TROPICAL WAY
PLANTATION FL 33317

Name

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

7205 WARREN DR, PO Box 46878

City

TAMPA FL

FL

Zip Code

33647

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
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
ALKOW, MARVIN HARVEY
341 W. TROPICAL WAY
PLANTATION FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7205 WARREN DR, PO Box 46878
TAMPA, FL 33647

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
ALKOW, JUDITH
341 W. TROPICAL WAY
PLANTATION FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7205 WARREN DR, PO Box 46878
TAMPA, FL 33647

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
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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

4/17/2000 813-903-9034

Date

Daytime Phone #

CR2E034 (9/99)