

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013089

1. Entity Name  
ALKING, INC.

Principal Place of Business  
C/O 8010 N. UNIVERSITY DRIVE, 2ND FL  
TAMARAC FL 33321

Mailing Address  
C/O 8010 N. UNIVERSITY DRIVE, 2ND FL  
TAMARAC FL 33321

2. Principal Place of Business  
3724 N.E. 18<sup>th</sup> Ter  
Suite, Apt. #, etc.

3. Mailing Address  
Same  
Suite, Apt. #, etc.

City & State  
Pompano Bch, FL  
Zip  
33064  
Country  
Broward

City & State  
Broward  
Zip  
33064  
Country  
Broward

4. FEI Number  
65-1061759

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LETTMAN, ROBERT D P.A.  
C/O 8010 N. UNIVERSITY DRIVE, 2ND FL  
TAMARAC FL 33321

## 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 \_\_\_\_\_ (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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	LETTMAN, ROBERT D	C/O 8010 N. UNIVERSITY DRIVE, 2ND FL	TAMARAC FL 33321	<input type="checkbox"/>
PRES	Clinton Rhoades	8937 N.W. 45 <sup>th</sup> Ct.	Coral Springs, FL 33065	<input type="checkbox"/>
Vice Pres	Guy W. Rhoades	4362 N.W. 42 <sup>nd</sup> Ter	Coral Spring, FL 33065	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	JASON Rhoades	5206 N.W. 95 <sup>th</sup> Way	Coral Springs, FL 33065	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

4/20/01 954941-6789  
Date Daytime Phone #

FILED  
Apr 24, 2001 8:00 am  
Secretary of State  
04-24-2001 90315 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)