

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90026 018 ***150.00

DOCUMENT # P01000081064

1. Entity Name
ALEX MALIK, INC.

Principal Place of Business
18118 VILLA CREEK DR.
TAMPA FL 33647

Mailing Address
18118 VILLA CREEK DR.
TAMPA FL 33647

2. Principal Place of Business
10559 SAN TRAVASO DR.

3. Mailing Address
10559 SAN TRAVASO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33647

Country
U.S.A.

Zip
33647

Country
U.S.A.

4. FEI Number
59-3738485

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PICKENS, ADELL M
18118 VILLA CREEK DR.
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name

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

10559 SAN TRAVASO DR.

City

TAMPA

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 *Adell M. Pickens*

Adell M. Pickens

4/25/2002

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **PICKENS, ADELL M**
STREET ADDRESS **18118 VILLA CREEK DR.**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **10559 SAN TRAVASO DR**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **VD** ☐ **Delete**
NAME **PICKENS, ALLISON T**
STREET ADDRESS **18118 VILLA CREEK DR.**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **10559 SAN TRAVASO DR**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☒ **Addition**
NAME **Vice President**
STREET ADDRESS **PICKENS, Pamela**
CITY-ST-ZIP **17739 Long Ridge Rd TAMPA, FL 33647**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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: *Adell M. Pickens* **Adell M. Pickens** **4/25/2002** **(813)994-2592**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)