

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 Mailing Address
18118 VILLA CREEK DR. **18118 VILLA CREEK DR.**
TAMPA FL 33647 **TAMPA FL 33647**

2. Principal Place of Business 3. Mailing Address
10559 SAN TRAVASO DR. **10559 SAN TRAVASO DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TAMPA, FL **TAMPA, FL**
 Zip Country Zip Country
33647 **U.S.A.** **33647** **U.S.A.**

4. FEI Number Applied For
59-3738485 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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 State Zip Code
TAMPA **FL** **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]* **Adell M. Pickens** **4/25/2002**
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, 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 | PD | <input type="checkbox"/> Delete |
| NAME | PICKENS, ADELL M | |
| STREET ADDRESS | 18118 VILLA CREEK DR. | |
| CITY-ST-ZIP | TAMPA FL 33647 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | PICKENS, ALLISON T | |
| STREET ADDRESS | 18118 VILLA CREEK DR. | |
| CITY-ST-ZIP | TAMPA FL 33647 | |
| 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 | | |
| STREET ADDRESS | 10559 SAN TRAVASO DR | |
| CITY-ST-ZIP | TAMPA, FL 33647 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 10559 SAN TRAVASO DR | |
| CITY-ST-ZIP | TAMPA, FL 33647 | |
| TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PICKENS, PAMELA | |
| STREET ADDRESS | 17739 Long Ridge Rd | |
| CITY-ST-ZIP | TAMPA, FL 33647 | |
| 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: *[Signature]* **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)