

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91505 028 \*\*\*150.00

**DOCUMENT # P01000081064**

1. Entity Name  
**ALEX MALIK, INC.**



**1**

Principal Place of Business  
**10559 SAN TRAVASO DR  
TAMPA FL 33647**

Mailing Address  
**10559 SAN TRAVASO DR  
TAMPA FL 33647**



2. Principal Place of Business

**10036 Cross Creek Blvd**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State  
**Tampa, FL**

Zip  
**33647**

Country  
**USA**

Zip

Country

4. FEI Number **59-3738485**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PICKENS, ADELL M  
10559 SAN TRAVASO DR  
TAMPA FL 33647**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PICKENS, ADELL M	
STREET ADDRESS	10559 SAN TRAVASO DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PICKENS, ALLISON T	
STREET ADDRESS	10559 SAN TRAVASO DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PICKENS, PAMELA	
STREET ADDRESS	17739 LONG RIDGE RD	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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**

**4/23/2003**  
Date

**813-907-0815**  
Daytime Phone #

CR2E034 (10/02)