

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90049 049 \*\*\*150.00

0061209 AV

**DOCUMENT # P94000005913**

1. Entity Name  
**ALKAT, INC.**

Principal Place of Business  
**829 FAIRWAY LAKES DR**  
**NICEVILLE FL 32578**  
**US**

Mailing Address  
**829 FAIRWAY LAKES DR**  
**NICEVILLE FL 32578**  
**US**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                               |  |
|--------------------------------|---------|---------------------|---------|---|--|-------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-3221850</b>   |  | Applied For<br>Not Applicable |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  |                               |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |                               |  |
| Zip                            | Country | Zip                 | Country |   |  |                               |  |

|   |  |  |  |  |  |    |  |
|---|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent   |  |  |  | 7. Name and Address of New Registered Agent        |  |    |  |
| <b>MCGILL, ROBERT E III</b><br><b>36008 EMERALD COAST PARKWAY</b><br><b>SUITE 301</b><br><b>DESTIN FL 32541</b> |  |  |  | Name   |  |    |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |    |  |
|   |  |  |  |  |  |    |  |
|   |  |  |  | City   |  | FL |  |

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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>RICHARDS, ALAN</b><br><b>829 FAIRWAY LAKES DRIVE</b><br><b>NICEVILLE FL 32578</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>RICHARDS, KATHE S</b><br><b>829 FAIRWAY LAKES DRIVE</b><br><b>NICEVILLE FL 32578</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Alan Richards*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-02

850-897-4150

CR2E034 (9/01)