2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P94000005913

1. Entity Name ALKAT, INC.



Country

Name

City

Principal Place of Business 829 FAIRWAY LAKES DR

Mailing Address 829 FAIRWAY LAKES DR NICEVILLE FL 32578 US

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

NICEVILLE	FL	32578	
US			

Suite, Apt. #, etc.

City & State

SUITE 301

DESTIN FL 32541

Zip

2. Principal Place of Business

MCGILL, ROBERT E III

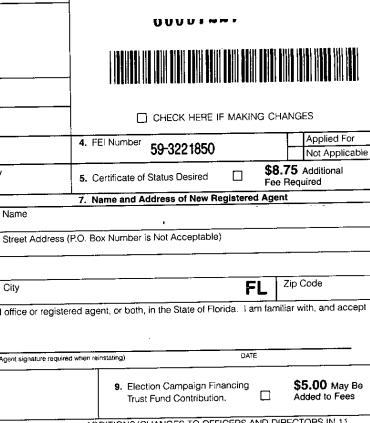
36008 EMERALD COAST PARKWAY

Country

6. Name and Address of Current Registered Agent

FILED					
Jan 15, 2003 8:00 am					
Secretary of State					

01-15-2003 90303 024 ***150.00



the obligati	ons of registered agent.	ose of changing its	egistered office or registere	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE _	Signature, typed or printed name of registered agent and title if app	olicable. (NOTE	Registered Agent signature required	d when reinstating) DATE
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, ALAN 829 FAIRWAY LAKES DRIVE NICEVILLE FL 32578	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, KATHE S 829 FAIRWAY LAKES DRIVE NICEVILLE FL 32578	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOU TIELE TE GETTS	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (10/02)