

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004515

1. Entity Name

ALKIN (FLORIDA) CORPORATION

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90222 041 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O STEVEN M. SAMAHA  
201 NORTH FRANKLIN STREET, SUITE 2100  
TAMPA FL 33602

C/O STEVEN M. SAMAHA  
201 NORTH FRANKLIN STREET, SUITE 2100  
TAMPA FL 33602-5167

US  
c/o Steven M. Samaha

US  
c/o Steven M. Samaha

2. Principal Place of Business  
201 N. Franklin St.

3. Mailing Address  
201 N. Franklin St.

Suite, Apt. #, etc  
Suite 2200

Suite, Apt. #, etc  
Suite 2200

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number 59-3288725

Applied For  
Not Applicable

Zip  
33602

Country  
USA

Zip  
33602

Country  
USA

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

WOLFE, RANDOLPH J  
201 N. FRANKLIN ST.  
SUITE 2100  
TAMPA FL 33602

Name Randolph J. Wolfe  
Street Address (P.O. Box Number is Not Acceptable)  
201 N. Franklin St.  
Suite 2200  
City Tampa FL Zip Code 33602

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, 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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DP SISKIND-KELLY, CATHY STE 303, 252 PALL MALL ST LONDON, ONTARIO N6A- 5P6	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SISKIND, ROBERT G STE 303, 252 PALL MALL ST LONDON, ONTARIO N6A- 5P6	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

SIGNATURE OF REGISTERED AGENT  
Robert G. Siskind

April 24, 2000

(519) 672-1585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/95)