

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90085 004 ***150.00

DOCUMENT # P95000004515

1. Entity Name
ALKIN (FLORIDA) CORPORATION

Principal Place of Business

Mailing Address

C/O LARRY GEIMER
890-1515 RINGLING BLVD
SARASOTA FL 34236
US

C/O LARRY GEIMER
890-1515 RINGLING BLVD
SARASOTA FL 34236
US

2. Principal Place of Business

1515 RINGLING BLVD

Suite, Apt. #, etc.

SUITE 890

City & State

Zip

Country

3. Mailing Address

1515 RINGLING BLVD

Suite, Apt. #, etc.

SUITE 890 % GEIMER

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3288725

Applied For

Not Applicable

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

GEIMER, LARRY
890-1515 RINGLING BLVD
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

1515 RINGLING BLVD

SUITE 890

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
DP
SISKIND-KELLY, CATHY
 STREET ADDRESS
STE 303, 252 PALL MALL ST
 CITY-ST-ZIP
LONDON, ONTARIO N6A- 5P6

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
VST
SISKIND, ROBERT G
 STREET ADDRESS
STE 303, 252 PALL MALL ST
 CITY-ST-ZIP
LONDON, ONTARIO N6A- 5P6

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
 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 no likeness, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Vice-President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 23, 2002 (519) 672-1585
 Date Daytime Phone #

CR2E034 (9/01)