

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90473 015 ***150.00

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DOCUMENT # P95000037357

1. Entity Name
ALKAN INTERNATIONAL, INC.



Principal Place of Business
**5100 HOWELL BRANCH RD
WINTER PARK FL 32792**

Mailing Address
**5100 HOWELL BRANCH RD
WINTER PARK FL 32792**

60022886



2. Principal Place of Business

1308 Cypress Cove Ct.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Inverness, FL

City & State

4. FEI Number **59-3315612**

Applied For

Not Applicable

Zip

34450

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALKAN, NECLA
5100 OLD HOWELL BRANCH ROAD
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name

Alkan, Necla

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

City

Inverness

FL

Zip Code

34450

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 **X** *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/03
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

TITLE **D** ☐ Delete
NAME **ALKAN, NECLA**
STREET ADDRESS **5100 HOWELL BRANCH RD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Alkan, Necla**
STREET ADDRESS **1308 Cypress Cove Ct.**
CITY-ST-ZIP **Inverness, FL 34450**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
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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: **X** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03
Date

Daytime Phone #

CR2E034 (10/02)