## **2002 UNIFORM BUSINESS REPORT (UBR)**

indicated on this report or su of the corporation or the rechanged, or on an attachine

SIGNATURE

## Feb 06, 2002 8:00 am Secretary of State DOCUMENT # P99000032936 1. Entity Name MALIKAH ENTERPRISES, INC. 02-06-2002 90023 010 \*\*\*150.00 Principal Place of Business Mailing Address 4029 CAPPER ROAD P O BOX 26738 JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3564261 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEYMORE, QUEEN V Street Address (P.O. Box Number is Not Acceptable) **4029 CAPPER ROAD** JACKSONVILLE FL 32218 City Zip Code 8. The above ose of changing its registered office or registered agent, or both, in the State of Florida. s this statement for SIGNATURE e if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD TITI F ☐ Delete Change ☐ Addition SEYMORE, QUEEN V NAME NAME P.O. BOX 26738 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32226 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1 hereby certify that the informal on supplied with this filing does not Gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

potemental 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 trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED**