

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080533

1. Entity Name

ALPHA BAKR CORPORATION

Principal Place of Business

263 N. WASHINGTON DR.  
SARASOTA FL 34236

Mailing Address

263 N. WASHINGTON DR.  
SARASOTA FL 34236-1419

2. Principal Place of Business

240 North Washington Blvd

3. Mailing Address

240 N. Washington Blvd

Suite, Apt. #, etc.

Suite 308

Suite, Apt. #, etc.

Suite 300

City & State

Sarasota FL

City & State

Sarasota FL 34236

Zip

34236

Country

USA

Zip

34236

Country

USA

4. FEI Number

65-0947352

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

Name

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

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, 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	<input type="checkbox"/> Delete
	D	BAKR, HYTHAM A	263 N. WASHINGTON DR. SARASOTA FL 34236	<input type="checkbox"/>
	D	LINDSEY, JEFFREY W	45665 WILLOW POND PLAZA STERLING VA 20164-4453	<input type="checkbox"/>
	D	ANGELIDES, PHILIOS	45665 WILLOW POND PLAZA STERLING VA 20164-4453	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(703) 709-2206



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)