

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90073 035 \*\*\*150.00

0300689

**DOCUMENT # F99000003983**

1. Entity Name  
**TOM ALLEN CONSTRUCTION COMPANY**

Principal Place of Business  
**6218 MILLER DRIVE  
 EDWARDSVILLE IL 62025**

Mailing Address  
**6218 MILLER DRIVE  
 EDWARDSVILLE IL 62025**

9 5 0 7 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>76-0589277</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.  
 1333 NORTH DUVAL STREET  
 TALLAHASSEE FL 32303**

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 \_\_\_\_\_ (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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>P ALLEN, TOM</b> <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>6218 MILLER DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>EDWARDSVILLE IL 62025</b>	CITY-ST-ZIP	
TITLE NAME	<b>EV BENDER, TOM</b> <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>6218 MILLER DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>EDWARDSVILLE IL 62025</b>	CITY-ST-ZIP	
TITLE NAME	<b>V DEAN, JACK</b> <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>6218 MILLER DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>EDWARDSVILLE IL 62025</b>	CITY-ST-ZIP	
TITLE NAME	<b>V DEAN, THOMAS</b> <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>6218 MILLER DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>EDWARDSVILLE IL 62025</b>	CITY-ST-ZIP	
TITLE NAME	<b>VASD EASTMAN, BRAD</b> <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1360 POST OAK BLVD SUITE 2100</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX 77056-3023</b>	CITY-ST-ZIP	
TITLE NAME	<b>D HADDOX, JAMES H</b> <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1360 POST OAK BLVD SUITE 2100</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX 77056-3023</b>	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 an address, with all other like empowered.

SIGNATURE: *Thomas Miller*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**THOMAS M ALLEN**

02/19/01 618/656-3059  
 Date Daytime Phone #

CR2E034 (10/00)