

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90159 017 ***150.00

DOCUMENT # G67686

1. Entity Name
ALLMAN & ASSOCIATES, INC.

803584



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **EDDINGS ROAD, BOX 82122, FL 33554, ODESSA, FL 33554**
 Mailing Address: **ALLMAN & ASSOCIATES, INC, 16057 TAMPA PALMS BLVD. #W-120, TAMPA FL 33647-2001, US**

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

4. FEI Number: **59-2379394** Applied For / Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ALLMAN, JACKIE, 15906 WYNDOVER RD., TAMPA FL 33647

7. Name and Address of New Registered Agent
 Name; Street Address (P.O. Box Number is Not Acceptable); City; State (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, 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: DP	NAME: ALLMAN, JACKIE	TITLE:	NAME:
STREET ADDRESS: 15906 WYNDOVER RD.	CITY-ST-ZIP: TAMPA FL	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D	NAME: ALLMAN, BRIAN	TITLE:	NAME:
STREET ADDRESS: 15906 WYNDOVER RD.	CITY-ST-ZIP: TAMPA FL	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D	NAME: NAEHRING, DOUGLAS	TITLE:	NAME:
STREET ADDRESS: 9520 EDDINGS RD	CITY-ST-ZIP: ODESSA, L FL	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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 an address, with all other like empowered.

SIGNATURE: *Jackie Allman* (**JACKIE Allman, President**) 1/10/00 971-7208
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)