

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
 04-20-2000 90059 017 ***150.00

DOCUMENT # **P94000029036**
 Entity Name
ALLAN - HANKS DEVELOPMENT INC

Principal Place of Business	Mailing Address
72ND AVE. PETERSBURG FL 33706	240 72ND AVE. ST. PETERSBURG FL 33706-1911

60066750



DO NOT WRITE IN THIS SPACE

Principal Place of Business 220 72nd Ave	3. Mailing Address 220 72nd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St Pete Beach	City & State St Pete Beach
Zip 33706	Country Pinellas

4. FEI Number 59-3258783	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLAN, JOHN R
240 72ND AVE.
ST. PETERSBURG FL 33706

7. Name and Address of New Registered Agent

Name **Allan John R**
 Street Address (P.O. Box Number is Not Acceptable)
220 72nd Ave
 City **ST Pete Beach** **FL** Zip Code **33706**

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 _____

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D <input type="checkbox"/> Delete ALLAN, JOHN R 240 72ND AVE. ST. PETERSBURG FL 33706	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Allan John R. 220 72nd Ave ST Pete Beach Fla 33706 ADDRESS change		
D <input type="checkbox"/> Delete HANKS, CLINTON 240 72ND AVE. ST. PETERSBURG FL 33706	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D <input type="checkbox"/> Delete VAN EMBURGH, CARL 672 - 102ND POST OAK CR. ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Van EMBURGH, Carl 3614 Casablanca Ave ST Pete Beach Fla. 33706 ADDRESS		
<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **19 Apr 00** **727 3678135**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)