

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90165 049 ***150.00

DOCUMENT # P96000080959

1. Entity Name
ALLEN DOUGLAS SECURITIES, INC.

Principal Place of Business Mailing Address
~~1180 SPRING CENTER S. BLVD. #116~~ ~~1180 SPRING CENTER S. BLVD. #116~~
~~ALTAMONTE SPRINGS FL 32714~~ ~~ALTAMONTE SPRINGS FL 32714 1954~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
480 N. Orlando Ave **480 N. Orlando Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 200 **Suite 200**
 City & State City & State
Winter Park, FL **Winter Park, FL**
 Zip Country Zip Country
32789 **USA.** **32789** **USA.**

4. FEI Number Applied For
59-3408905 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PIZZUTI, STEPHEN D
~~1180 SPRING CENTER S. BLVD. #116~~
~~ALTAMONTE SPRINGS FL 32714~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
480 N. Orlando Ave Suite 200
 City State Zip Code
Winter Park, FL **FL** **32789**

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 **Stephen D. Pizzuti** **4-27-00**
Signature, typed or printed name of registered agent and filer, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	PIZZUTI, STEPHEN D	
STREET ADDRESS	1180 SPRING CENTER S. BLVD. #116	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	480 N. Orlando Ave Suite 200	
STREET ADDRESS	Winter Park, FL 32789	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **Stephen D. Pizzuti** **4/25/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)