

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90040 018 ***150.00

DOCUMENT # P99000020605

1. Entity Name

ALLEN REAL ESTATE & MANAGEMENT, INC.

Principal Place of Business

**1202 KINGSLEY AVE
 ORANGE PARK FL 32073**

Mailing Address

**1202 KINGSLEY AVE
 ORANGE PARK FL 32073**

2. Principal Place of Business

1839 Harbor Island DR

3. Mailing Address

1177 PARK AVE, Ste 5 #196

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ORANGE PARK, FL.

ORANGE PARK, FL

City & State

City & State

32003 USA

32073 USA

Zip

Country

Zip

Country

4. FEI Number **59-3578394**

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

ALLEN, JANE L

1202 KINGSLEY AVE

ORANGE PARK FL 32073

Name **JANE ALLEN-HALL**

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

1839 HARBOR ISLAND DRIVE

ORANGE PARK, FL.

32003

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

Jane Allen Hall

3-9-01

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, 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 **D** ☐ Delete
 NAME **ALLEN, JANE L**
 STREET ADDRESS **1202 KINGSLEY AVE**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☒ Change ☐ Addition
 NAME **JANE ALLEN-HALL**
 STREET ADDRESS **1839 HARBOR ISLAND DRIVE**
 CITY-ST-ZIP **ORANGE PARK, FL 32003**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Jane Allen Hall

1-9-01

**904
 264-6370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)