## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000122992

1. Entity Name THE ALLAN GROUP, INC.

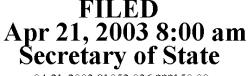


Principal Place of Business 46 GOLFVIEW CT HOMOSASSA FL 34446

Mailing Address

46 GOLFVIEW CT

HOMOSASSA FL 34446



04-21-2003 91053 036 \*\*\*150.00



2. Principal Place of Business 6596 W. CROSBECK CT Po Box, 1653					I TUBELSBUT III BUITH STRIV UNIST UBILS BUTUS LINIU SEI	710 ri <b>nem</b> 10360	letia iini ibat	
Suite, Apt.	<del>00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</del>	Suite, Apt. #, etc.	<del></del>		CHECK HERE IF MAKING	CHANGES		
City & Stat		City & State	FL	4. F	El Number 55-080888	Aj	oplied For ot Applicable	
Zip 34	446 COUNTRUS	Zip 34447	COUNTRY	5. (	Certificate of Status Desired	8.75 Add ee Require		
	Registered Agent		7. N	lame and Address of New Registered A	gent			
DEDTOOL OAD A				Name				
BERTOCH, CARL A			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
7655 W GULF TO LAKE HWY STE #13								
CRYSTAL RIVER FL 34429								
				City FL Zip Code				
		r the purpose of changing its re	egistered office or reg	istered age	ent, or both, in the State of Florida. I am fa	miliar with,	and accept	
the obligations of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable. (NOTE: 6	Registered Agent signature re-	autrad whom ret	instating) DATE			
		and the Happicable. (NOTE: 1	nogisterad wgent signatura ter	doned when le	instaing) DATE			
g FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00				i	9. Election Campaign Financing	\$5.0	0 May Be	
	k Payable to Florida Department of	l State		ļ	Trust Fund Contribution.	Added	to Fees	
10.	OFFICERS AND	DIRECTORS	11.	 'DA	L DITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	S IN 11	
TITLE	DP	☐ Delete	TITLE			☐ Change	Addition	
NAME	CRAWFORD, WENDY L		NAME				[	
STREET ADDRESS	46 GOLFVIEW CT HOMOSASSA FL 34446		STREET ADDRESS					
CITY-ST-ZIP	<del> </del>		CITY-ST-ZIP					
TITLE NAME	DVS Crawford, David A	☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS	46 GOLFVIEW CT		STREET ADDRESS					
City-St-ZIP	HOMOSASSA FL 34446		CITY-ST-ZIP				J	
TITLE		☐ Delete	TITLE			Change	☐ Addition	
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NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP					

12. I hereby certify that the information supplied with this thing 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 supelemental report is pure 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 regeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addrass with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF