## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 22, 2001 8:00 am Secretary of State DOCUMENT # 278562 1. Entity Name ALLIED TRADE CORPORATION 03-22-2001 90028 017 \*\*\*150.00 Principal Place of Business Mailing Address 2575 SENECA DR. W. 2575 SENECA DR. W. **AVON PARK FL 33825** AVON PARK FL 33825 US US 2. Principal Place of Business 3. Mailing Address P 0 Box 891 P 0 Box 891 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1053746 Not Applicable Ft Meade Ft Meade Country Country \$8.75 Additional \_\_ Zip 5. Certificate of Status Desired 33841 Fee Required USA 33841 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nelson Andrew Prescott PRESCOTT, MURRELL C Street Address (P.O. Box Number is Not Acceptable) 18 N Perry Ave 2575 SENECA DR W **AVON PARK FL 33825** Zip Code <u>33841</u> Ft Meade 8. The above named entity submits this statement for the purpose of chapging its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PDS ☐ Change TITLE TITLE Delete PRESCOTT, MURRELL C NAME NAME STREET ADDRESS STREET ADDRESS 2575 SENECA DR. WEST CITY-ST-7IP CITY-ST-ZIP AVON PARK, FL 00000 ☐ Addition Change TITLE ☐ Delete TITLE P/T NAME NAME PRESCOTT, NELSON A. 18 N Perry Ave STREET ADDRESS STREET ADDRESS 2841 NW STRATFORD RD. CITY-ST-ZIP Ft Meade\_ FL 33841 CITY-ST-ZIP AVON PARK, FL 00000 Change Addition TITLE ☐ Delete TITLE **VP** NAME NAME Penny Interval STREET ADDRESS STREET ADDRESS 292 Morning Creek Circle Apopka FL 32712 CITY-ST-ZIP CITY-ST-ZIP X Addition ☐ Change ☐ Detete TITLE TITLE NAME Patricia Prescott STREET ADDRESS 4165 Player Circle #528 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando FL 32808 ☐ Delete TITLE Change Addition TITLE NAME NAME Mike Brown STREET ADDRESS STREET ADDRESS 1580 Poinsettia Dr CITY-ST-ZIP Avon Park FLCITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME ally are a STREET ADDRESS STREET ADDRESS Ч<sub>ині</sub> CITY-ST-ZIP 1841 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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Davtime Phone #

changed, or on an attachment with an address, with all other like empowered