2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90129 003 ***158.75

DOCUMENT # 302503

1. Entity Name

ALLIED TIME * USA, INC.

Principal Place of Business	Mailing Address
PARK AVE. WEST	P.O. BOX 399
14	EDGEWATER FL 32132-0399
FL 32132	US

601448

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
704 PARK AVE., WEST	
Suite, Apt. #, etc.: SUITE H	Suite, Apt. #, etc.
City & State: EDGEWATER, FL	City & State
Zip: 32132 — Country: USA	Zip — Country

4. FEI Number 59-1150606 ☐ 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
JOHANSON, DONALD C.	Name: JOHANSON, DONALD C.
5730 OLD CHENEY HIGHWAY	Street Address (P.O. Box Number is Not Acceptable): 438 BOUCHELLE DRIVE
ORLANDO FL 32857-1245	UNIT 303
	City: NEW SMYRNA BEACH FL Zip Code: 32169

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 ____________________
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHANSON, DONALD C. 5730 OLD CHENEY HWY ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHANSON, DONALD C, 438 BOUCHELLE DRIVE - UNIT 303 NEW SMYRNA BEACH, FL 32169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JOHANSON, BETTY L 5730 OLD CHENEY HWY. ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JOHANSON, BETTY L. 438 BOUCHELLE DRIVE - UNIT 303 NEW SMYRNA BEACH, FL 32169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: Donald C. Johanson, President — January 8, 2000 (904) 409-7028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #