

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 317299**

1. Entity Name

JOHN ALLEN HOLDING COMPANY**FILED**
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90133 031 ***150.00

Principal Place of Business 1158 CARMEL CIRCLE SUITE 320 CASSELBERRY FL 32707 US	Mailing Address 1158 CARMEL CIRCLE SUITE 320 CASSELBERRY FL 32707 US
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2. Principal Place of Business 648 Field Club Circle Suite, Apt. #, etc.	3. Mailing Address 648 Field Club Circle Suite, Apt. #, etc.
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City & State Casselberry, Fl.	City & State Casselberry, Fl.
Zip 32707-6722	Zip 32707-6722
Country USA	Country USA

4. FEI Number 59-1166169	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****ALLEN, JOHN E
1158 CARMEL CIRCLE, SUITE 320
CASSELBERRY FL 32707**

Name
Street Address (P.O. Box Number is Not Acceptable) 648 Field Club Circle
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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD ALLEN, JOHN E 1158 CARMEL CIRCLE, SUITE 320 CASSELBERRY FL 32707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	648 Field Club Circle	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINICK, JULIAN 170 E. WASHINGTON ORLANDO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E. Allen

Date

1/13/01

Daytime Phone #

407-679-6661

CR2E034 (10/00)