

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90054 030 \*\*\*150.00

**DOCUMENT # 368538**

1. Entity Name

**JEFFREY-ALLEN, INC.**

Principal Place of Business

Mailing Address

2808 29TH AVENUE, EAST  
 BRADENTON FL 34208  
 US

P. O. BOX 1520  
 BRADENTON FL 34206-1520

00017971



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1302702**

Applied  
 Not Applied

Zip

Country

Zip

Country

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

**SVERDLOW, ALAN B**  
**601 LONGBOAT CLUB RD**  
**LONGBOAT KEY FL 33548**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SVERDLOW, ALAN B</b>	
STREET ADDRESS	<b>601 LONGBOAT CLUB RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SVERDLOW, JEFFREY C</b>	
STREET ADDRESS	<b>7711 19TH AVE. N. W.</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SVERLOW, JEFFREY C.</b>	
STREET ADDRESS	<b>7711 19TH AVE. N. W.</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SVERLOW, JEFFREY C.</b>	
STREET ADDRESS	<b>7711 19TH AVE N. W.</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SVERLOW, ALAN B.</b>	
STREET ADDRESS	<b>601 LONGBOAT CLUB RD.</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>SVERDLOW, JEFFREY C</b>	
STREET ADDRESS	<b>7711 19TH AVE NW</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00

Date

941-747-150

Daytime Phone #