

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90020 007 ***150.00

DOCUMENT # 395682

1. Entity Name

ALLEN SEA FOODS, INC.

Principal Place of Business

Mailing Address

**2386 ALLEN RD.
TALLAHASSEE FL 32312-2602**

**2386 ALLEN RD.
TALLAHASSEE FL 32312-2602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1387412**

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

**COPE, EDDIE
2386 ALLEN RD.
TALLAHASSEE FL 32312**

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's 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	PD	<input type="checkbox"/> Delete
NAME	SANDERS, DESHA N. JR.	
STREET ADDRESS	180 CHANNEL DR.	
CITY - ST - ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAGGARD, BRUCE	
STREET ADDRESS	794 CHINOE RD.	
CITY - ST - ZIP	LEXINGTON KY	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COPE, EDDIE	
STREET ADDRESS	2386 ALLEN RD.	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WALLACE, ARTHUR H.	
STREET ADDRESS	156 TRIPLETT RD.	
CITY - ST - ZIP	CONCORD TN	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	SMITH, MARY E.	
STREET ADDRESS	121 LAFAYETTE AVE.	
CITY - ST - ZIP	LEXINGTON KY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4071 TATES CREEK PK STE 308
CITY - ST - ZIP	LEXINGTON, KY 40517
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	941 ETHANS GLENN RD
CITY - ST - ZIP	KNOX, TN 37923
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4071 TATES CREEK PK. SUITE 308
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary E. Smith - MARY E. SMITH

2/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)