

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 696510

1. Entity Name

ALLGOOD BOB & ASSOCIATES, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90183 031 ***150.00

Principal Place of Business

537 DOUGLAS AVE
SUITE 18
DUNEDIN FL 34698
US

Mailing Address

537 DOUGLAS AVE
SUITE 18
DUNEDIN FL 34698
US

00015719



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 59-2105907

Applied For

Not Applicable

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

ALLGOOD, KENNETH E
573 DOUGLAS AVE
#18
DUNEDIN FL 34698

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, 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 V
NAME ALLGOOD, BOBBY A ☐ Delete
STREET ADDRESS 3277 FOX CHASE CIR. N., #111
CITY-ST-ZIP PALM HARBOR FL

TITLE V ☒ Change ☐ Addition
NAME ALLGOOD, BOBBY A.
STREET ADDRESS 757 IVORY ROAD SE
CITY-ST-ZIP RIO RANCHO, NM

TITLE PST ☐ Delete
NAME ALLGOOD, KENNETH
STREET ADDRESS 3277 FOX CHASE CIR. N. #111
CITY-ST-ZIP PALM HARBOR FL

TITLE PST ☒ Change ☐ Addition
NAME ALLGOOD, KENNETH
STREET ADDRESS 7304 HIDEAWAY TRAIL
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Kenneth E Allgood

KENNETH E ALLGOOD

2-6-01

Date

(727) 735-6177

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)