

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90131 043 ***150.00

DOCUMENT # 848096

1. Entity Name
ALLISON & DUNCAN, INC.

Principal Place of Business
885 LAKESHORE DR.
P.O. BOX 120460
CLERMONT FL 34712
US

Mailing Address
P.O. BOX 120460
P.O. BOX 120460
CLERMONT FL 34712-460
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 120103

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CLERMONT, FL

4. FEI Number **56-0681639**

Applied For
 Not Applicable

Zip

Country

Zip

Country

34712-0103

U.S.A

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

ALLISON, R E
885 LAKESHORE DR
CLERMONT, FLORIDA
CLERMONT FL 34711

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, 2002 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	PD ALLISON, R. E., SR. 885 LAKESHORE DR. CLERMONT, FLORIDA 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLISON, JUANITA L. 885 LAKESHORE DR. CLERMONT, FLORIDA 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLISON, SAM L. 12945 PINEAPPLE PLACE CLERMONT, FLORIDA 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLISON, ROBERT E., JR. 930 WEST AVE. CLERMONT FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> 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)
SAM L. ALLISON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 (352) 255-4326

Date

Daytime Phone #

CR2E034 (9/01)