

2002 UNIFORM BUSINESS REPORT (UBR)

0138538 AB

DOCUMENT # 854635

1. Entity Name

R. W. ALLEN AND ASSOCIATES, INC.

FILED
02 OCT -9 PM 10:34
SECRETARY OF STATE
TALLAHASSEE, FL

Principal Place of Business

2205 HIGHLAND AVE.
P O BOX 3925
AUGUSTA GA 30904

Mailing Address

2205 HIGHLAND AVE.
P O BOX 3925
AUGUSTA GA 30904

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 **58-1277101**

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
NAME **ALLEN, R W**
STREET ADDRESS **2237 PICKENS RD**
CITY-ST-ZIP **AUGUSTA GA**

TITLE ☐ Change ☐ Addition
NAME **400008441304**
STREET ADDRESS **10/18/02--01023--007 **750.00**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **ALLEN, ROBIN REEVE**
STREET ADDRESS **2237 PICKENS ROAD**
CITY-ST-ZIP **AUGUSTA GA**

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

TITLE **VP** ☐ Delete
NAME **CLARK, SCOTT A**
STREET ADDRESS **714 COVE SPRINGS DR**
CITY-ST-ZIP **MARTINEZ GA 30907**

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

TITLE **SEO** ☒ Delete
NAME **BRIDGES, E.W.**
STREET ADDRESS **3684 INVERNESS WAY**
CITY-ST-ZIP **MARTINEZ GA 30907**

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

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
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)