

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91322 020 ***150.00

DOCUMENT # **FC1000003393** ✓

1. Entity Name

ALLIED INDUSTRIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 PEARL STREET

3. Mailing Address

Suite, Apt. #, etc.

1100 PEARL ST.

Suite, Apt. #, etc.

1100 PEARL ST.

DO NOT WRITE IN THIS SPACE

City & State

BROCKTON, MA

City & State

BROCKTON, MA

4. FEI Number

04-2802922

Applied For

Not Applicable

Zip

Country

02301

USA

Zip

Country

02301

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL NOLLER

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

16834 KNIGHTSBRIDGE LANE

City

DELRAY BEACH

FL

Zip Code

33484

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT & DIRECTOR RANDALL NOLLER 1100 PEARL ST. BROCKTON, MA 02301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER, CLERK & DIRECTOR TAMMY ROBBINS 1100 PEARL ST. BROCKTON, MA 02301
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Randall S. Noller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

508-584-8300

Daytime Phone #