

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96038

1. Entity Name

ALLEN'S ENVIRONMENTAL EQUIPMENT, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90075 049 \*\*\*150.00

Principal Place of Business

735 COMMERCE CIRCLE  
LONGWOOD FL 32750  
US

Mailing Address

735 COMMERCE CIRCLE  
LONGWOOD FL 32750  
US

2. Principal Place of Business

130 Bowmar Court  
Suite, Apt. #, etc.  
Suite 210

3. Mailing Address

P.O. Box 547007

Suite, Apt. #, etc.

City & State

Longwood, FL 32750

City & State

Orlando, FL 32854-7007

4. FEI Number

59-2209848

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32854-7007

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, RONALD P.  
940 DOUGLAS AVENUE # 103 #128  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

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

Ronald P. Allen, President 4-27-01

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

TITLE PD  
NAME ALLEN, RONALD P.  
STREET ADDRESS 940 DOUGLAS AVENUE # 103 128  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE S  
NAME KELLY, GAIL L  
STREET ADDRESS 32440 COUNTY RD 437  
CITY-ST-ZIP SORRENTO FL 32776 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald P. Allen  
President

4-27-01

Date

(407) 834-3239

Daytime Phone #

CR2E034 (10/00)

0049784