

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H77579

1. Entity Name

K. E. ALLEN, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90110 007 ***150.00

Principal Place of Business

Mailing Address

% C.B. MYERS
130 E. CENTRAL AVE.
LAKE WALES FL 33853-4166

% C.B. MYERS
130 E. CENTRAL AVE.
LAKE WALES FL 33853-4166

2. Principal Place of Business

210 E. NORTH AVE

Suite, Apt. #, etc.

3. Mailing Address

210 E NORTH AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE WALES FL

City & State

LAKE WALES FL

4. FEI Number

59-2596236

Applied For

Not Applicable

Zip

33853

Country

POK

Zip

33853

Country

POK

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

MYERS, C.B.
130 E. CENTRAL AVE.
LAKE WALES FL 33853

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

K.E. Allen Sr.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-2000

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, 2000 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 DP
NAME ALLEN, KENNETH E.
STREET ADDRESS 115 WYNDHAM DR
CITY-ST-ZIP WINTER HAVEN FL ☐ Delete

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

TITLE VD
NAME ALLEN, KENNETH E. JR.
STREET ADDRESS 3447 REDWOOD WAY
CITY-ST-ZIP LAKE WALES FL ☐ Delete

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

TITLE VD
NAME HARTSFIELD, CINDY A.
STREET ADDRESS 2410 FOX RUN DRIVE
CITY-ST-ZIP LAKE WALES FL ☐ Delete

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

TITLE STD
NAME ALLEN, MARGARET F.
STREET ADDRESS 115 WYNDHAM DR
CITY-ST-ZIP WINTER HAVEN FL ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K.E. Allen Sr.
K.E. ALLEN SR

4-26-2000

863-676-3910

CR2E034 (9/99)