

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **J10922**Entity Name
ALLEN MOTORS, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90132 001 ***150.00

Principal Place of Business
7308 ATLANTIC BLVD
JACKSONVILLE FL 32211-8711Mailing Address
7308 ATLANTIC BLVD
JACKSONVILLE FL 32211-8711Principal Place of Business
7308 ATLANTIC BLVD
JACKSONVILLE FL 32211-87113. Mailing Address
7308 ATLANTIC BLVD
JACKSONVILLE FL 32211-8711Suite, Apt. #, etc.
7308 ATLANTIC BLVD
JACKSONVILLE FL 32211-8711Suite, Apt. #, etc.
7308 ATLANTIC BLVD
JACKSONVILLE FL 32211-8711City & State
7308 ATLANTIC BLVD
JACKSONVILLE FL 32211-8711City & State
7308 ATLANTIC BLVD
JACKSONVILLE FL 32211-87114. FEI Number
59-2754927Applied For
59-2754927
Not ApplicableZip
7308 ATLANTIC BLVD
JACKSONVILLE FL 32211-8711Country
7308 ATLANTIC BLVD
JACKSONVILLE FL 32211-8711Zip
7308 ATLANTIC BLVD
JACKSONVILLE FL 32211-8711Country
7308 ATLANTIC BLVD
JACKSONVILLE FL 32211-87115. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KELLY, TIMOTHY P
1016 LASALLE ST.
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, EDWARD J.		NAME		
STREET ADDRESS	7308 ATLANTIC BLVD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, IRA N.		NAME		
STREET ADDRESS	7308 ATLANTIC BLVD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, WENDI		NAME		
STREET ADDRESS	12854 LACOSTA CT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, MARK		NAME		
STREET ADDRESS	12854 LACOSTA CT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EASTON, GWENDOL O		NAME		
STREET ADDRESS	720 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BCH FL 32266		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

3. 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: Edward J. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2-6-02
Date904-724-1579
Daytime Phone #

CR2E034 (9/01)