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FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J28541 1. Entity Name ALLEN MCCLOUD CONSTRUCTION COMPANY					Apr 05, 2001 8:00 am Secretary of State 03-19-2001 90485 037 ***150.00				
Principal Place of Business 2758 CAMDEN ROAD CLEARWATER FL 34619		Mailing Address 2758 CAMDEN ROAD CLEARWATER FL 34619							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stale		City & State			4. FEI Numb	59-2707147		pplied For	7
Zip	Country	Zip	Country		5. Certificate	of Status Desired	\$8.75 Ad	ditional	٦
	6. Name and Address of Current R	legistered Agent			7. Name and	Address of New Register			Ľ
				Name		» کامت میں شیخ »			7
BROWDER, DAVID-JR., ESQ: 300 S. DUNCAN AVE. SUITE 101				Street Address		er is Not Acceptable)			
CLE	ARWATER FL 33515			City		F	L Zip Cod	ie	1
8. The above	named entity submits this statement for	the purpose of changing its r	egistere	ed office or registe	ared agent, or bo	th, in the State of Florida.	L		1
SIGNATURE	Signature, hyped or primad name of registered agent an	d title if applicable. (NOTE:	Registere	d Agent signature require	id when minstating)	3/15	101		
O. This seem		EI E NOWII		IC \$150.00	- 7				1
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 Sta			l In	ction Campaign Financing ist Fund Contribution.	□ \$5.0 Added	May Be to Fees	
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/	CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	1_
NAME STREET ADDRESS CITY-ST-ZIP	PT ALLEN, CLAUDIA 2758 CAMDEN ROAD CLEARWATER FL	☐ Delate					Change .	☐ Addition	CR2E034 (10/00)
TITLE NAME	VS MCCLOUD, ALBERT L JR.	☐ Delete	TITLE	:			Change	☐ Addition	188
STREET ADDRESS CITY-ST-ZIP	15448 WAVERLY ST #1 CLEARWATER FL			ET ADORESS ST-ZIP					1
TITLE NAME Street address		☐ Delete	TITLE NAME STREE				Change	Addition	
CITY-ST-ZIP TITLE NAME		☐ Delete	CITY- TITLE NAME				☐ Change	Addition	}
STREET ADDRESS CITY-ST-ZIP			•	T ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	☐ Addition	
indicated of the con	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower on an attachment with an address, with the contract of	rue and accurate and that my rered to execute this report a	signati	ure shall have the	same legal effeci 7, Florida Statute:	as if made under cath; that	I am an officer s in Block 11 o	or director Block 12 if	