

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90004 042 ***550.00

DOCUMENT # J38313

1. Entity Name

ALLEN BROTHERS SEAFOOD, INC.

Principal Place of Business

% JOHN W. ALLEN SR.
 414 BLUFF ROAD
 APALACHICOLA FL 32320

Mailing Address

% JOHN W. ALLEN SR.
 414 BLUFF ROAD
 APALACHICOLA FL 32320

772408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

344 Patton Dr.

3. Mailing Address

PO Box 1106

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eastpoint FL

City & State

Eastpoint FL

4. FEI Number

59-2725657

Applied For

Not Applicable

Zip

32328

Country

us

Zip

32328

Country

us

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, JOHN W. SR.
 414 BLUFF ROAD
 APALACHICOLA FL 32320

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.

(NOT: Registered Agent's 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)

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: PTD ☐ Delete
 NAME: ALLEN, JOHN W. SR.
 STREET ADDRESS: 414 BLUFF ROAD
 CITY-ST-ZIP: APALACHICOLA FL

TITLE: D ☐ Delete
 NAME: ALLEN, ROXIE
 STREET ADDRESS: 414 BLUFF ROAD
 CITY-ST-ZIP: APALACHICOLA FL

TITLE: D ☐ Delete
 NAME: ALLEN, JOHN W JR
 STREET ADDRESS: 414 BLUFF ROAD
 CITY-ST-ZIP: APALACHICOLA FL

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
 NAME: same
 STREET ADDRESS: 420 Bluff Rd.
 CITY-ST-ZIP: Apalachicola FL 32320

TITLE: ☐ Change ☐ Addition
 NAME: same
 STREET ADDRESS: 420 Bluff Rd
 CITY-ST-ZIP: Apalachicola FL 32320

TITLE: ☐ Change ☐ Addition
 NAME: same
 STREET ADDRESS: 424-25th ST.
 CITY-ST-ZIP: Apalachicola FL 32320

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

TITLE: ☐ Change ☐ Addition
 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 #

CR2E034 (10/00)