

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90148 016 \*\*\*150.00

**DOCUMENT # K18176**

1. Entity Name  
**ALLEN AND LEE, INC.**



Principal Place of Business  
**4888 WEST SPENCER FIELD ROAD  
PACE FL 32571**

Mailing Address  
**4888 WEST SPENCER FIELD ROAD  
PACE FL 32571**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2878998**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**ALLEN, RALPH R.  
4865 E SPENCER FIELD RD  
PACE FL 32571**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, RALPH R.</b>	
STREET ADDRESS	<b>4865 E SPENCER FIELD RD</b>	
CITY-ST-ZIP	<b>PACE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, RALPH R II</b>	
STREET ADDRESS	<b>687 OCEAN AVE</b>	
CITY-ST-ZIP	<b>NEW LONDON CT 06320</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, RALPH R.</b>	
STREET ADDRESS	<b>4865 E SPENCER FIELD RD</b>	
CITY-ST-ZIP	<b>PACE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, RALPH R.</b>	
STREET ADDRESS	<b>4865 SPENCER FIELD RD</b>	
CITY-ST-ZIP	<b>PACE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MERYLE, L. LOUCKAUSEN</b>	
STREET ADDRESS	<b>4675 GERI ST</b>	
CITY-ST-ZIP	<b>MILTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BALK, DEBORAH A</b>	
STREET ADDRESS	<b>1339 GREENLEAF DR</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Ralph R. Allen* **RALPH R. ALLEN** **3/5/03** **850 994-9321**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)