2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K86805 **DOCUMENT #**

1. Entity Name

ALLIED CAPITAL ENTERPRISES, INC.



FILED Mar 12, 2003 8:00 am Secretary of State 03-12-2003 90090 029 ***150.00

STREET ADDRESS 521 SILVER LANE STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIP						TO WE THE						
Suito Apr if vice: Suito	521 SILVER LANE BOCA RATON FL 33432			521 SILVER LANE BOCA RATON FL 33432								
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Separation Sep	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
September 1. Country	City & State	9	·	City & State			4.	FEI Number 65-0132856			, ,	-
Name	Zip Country			Zip Count		ntry	5.	Certificate of Status Desired		8.75 Ad	Iditional	
Name		6. Name	and Address of Current	Registered Agent	gistered Agent			7. Name and Address of New Registered Agent				
S21 SILVER LANE BOCA RATION FL 33432 City FL Zip Code	· · · · · · · · · · · · · · · · · · ·					Name						1
BOCA RATON FL 33432 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent. SIGNATURE SIGNATURE SECONDAY				Street Addres			ss (P.O. E	(P.O. Box Number is Not Acceptable)				
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 TILE NOW!!! FEE IS \$150.00												-
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE JACOSS, RUTH SIGNATURE JACOSS, RUTH SIGNATURES SIGNATURE JACOSS, RUTH SIGNATURES SIGNATURE SIGNATU	BOCA RAT	TON FL 334	132									1
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		ertify that the	information eupplied with	this filing does not qualify to			Section	119 07/3)(i) Elorido Statutos	I further corti	y that the	information	1

indicated on this report or suppliemental 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: