2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State
06-06-2000 90003 047 ***150.00

DOCUMENT # K95216

1. Entity Name

ALLEN/BATES, INC.

Principal Place of Business	Mailing Address
6585 SEMINOLE BLVD. SEMINOLE FL 33772 US	6585 SEMINOLE BLVD. SEMINOLE FL 33772-6314

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13051-A 91 ST ST.	13051-A 91 ST ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LARGO, FL	City & State: LARGO, FL
Zip: 33773 Country: USA	Zip: 33773 Country: USA

4. FEI Number: 59-2956284 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BATES, DON
6585 SEMINOLE BLVD
SEMINOLE FL 34642

7. Name and Address of New Registered Agent

Name: JAMES ALLEN
Street Address (P.O. Box Number is Not Acceptable): 8245 FOREST CIRCLE
City: SEMINOLE FL Zip Code: 33776

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: James D. Allen
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent 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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BATES, KATHY 6585 SEMINOLE BLVD. SEMINOLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, JAMES 6585 SEMINOLE BLVD. SEMINOLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BATES, DON 6585 SEMINOLE BLVD. SEMINOLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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 REQUIRED James D. Allen 4-28-00 727-581-9299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #