# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 29, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# L01000001457

**Entity Name:** ALLRED & ASSOCIATES, LLC

**Current Principal Place of Business:**

2138 TREEHAVEN CIRCLE
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

2138 TREEHAVEN CIRCLE
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLRED, O M
2138 TREEHAVEN CIRCLE
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete
Name: ALLRED, O M
Address: 2138 TREEHAVEN CIRCLE
City-St-Zip: FORT MYERS, FL

Title: MGRM ( ) Delete
Name: ALLRED, MAXINE R
Address: 2138 TREEHAVEN CIRCLE
City-St-Zip: FORT MYERS, FL

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: O. M. ALLRED MR. 04/29/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date