

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L32305**

1. Entity Name

ALLPORT RESTAURANT SUPPLY, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90196 009 ***150.00

Principal Place of Business

**2849 MAC MURRAY DRIVE
ORLANDO FL 32826**

Mailing Address

**2849 MAC MURRAY DRIVE
ORLANDO FL 32826**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2992963**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, JOHN A

**2849 MAC MURRAY DRIVE
ORLANDO FL 32826**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

**PD
MOORE, JOHN A
2849 MAC MURRAY DR.
ORLANDO FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-02 407-381-8313

CR2E034 (4/02)

Attachment B0131942

ALLPORT RESTAURANT SUPPLY, INC.

Paper, Chemicals, Glassware, China,
Smallwares, & Janitorial Supplies


#L32305 8-20-02

To Whom It May Concern,

Enclosed is a check in the amount of \$150.00 for my 2002 corporation fee. I am submitting this amount per my conversation with your representative on Aug. 20, 2002.

I explained to the reinstatement representative I forwarded a check to your office in the amount of \$150.00 on March 24th of this year. This check never cleared my business account nor did you receive it according to the representative I spoke with. I appreciate your attention regarding this matter.

Sincerely,

John A. H. 
President