

DOCUMENT # L62954

1. Entity Name

ALLEN TRADING INCORPORATED

01-30-2001 90018 009 ***150.00

907942



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% ROBERT A. DOUGLASS 7001 CENTRAL AVE. ST PETERSBURG BEACH FL 33710-4559	% ROBERT A. DOUGLASS 7001 CENTRAL AVE. ST PETERSBURG BEACH FL 33710-4559

2. Principal Place of Business	3. Mailing Address P.O. Box 67007
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Saint Pete. Beach, FL.
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Zip	Country	Zip	Country
		33736	USA

4. FEI Number	59-3005764	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, DON
7001 CENTRAL AVE
SAINT PETERSBURG FL 33710

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div>FL</div> <div>Zip Code</div>

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 _____

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ALLEN, DON 7001 CENTRAL AVE. ST PETERSBURG FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

[illegible]

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Jan. '01 727-347-6384

CR2E034 (10/00)