

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90068 032 ***150.00

8190590
 SP

DOCUMENT # L62954

1. Entity Name

ALLEN TRADING INCORPORATED

Principal Place of Business

Mailing Address

~~% ROBERT A DOUGLASS~~

~~% ROBERT A DOUGLASS~~

~~7001 CENTRAL AVE~~

~~P.O. BOX 67007~~

~~ST PETERSBURG BEACH FL 33710-4559~~

~~ST PETERSBURG BEACH FL 33710-4559~~

2. Principal Place of Business

441 Villa Grande Ave

3. Mailing Address

441 Villa Grande Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Petersburg, FL

City & State

St Petersburg, FL

Zip

33707

Country

USA

Zip

33707

Country

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 **Don Allen**

Street Address (P.O. Box Number is Not Acceptable)

441 Villa Grande Ave

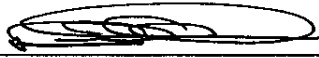
City **St. Petersburg**

FL

Zip Code **33707**

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, 2002 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 ALLEN, DON 7001 CENTRAL AVE. ST PETERSBURG FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

 **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02
 Date

727-347-6384
 Daytime Phone #

CR2E034 (9/01)