

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 15 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98/2005**

1. Entity Name

ALLEN SERVICES L.C.

Principal Place of Business

**514 HIGHVIEW CIR N
BRANDON FL 33510**

Mailing Address

**PO BOX 627
MANGO FL 33550-0627**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3542472

Applied For

Not Applicable

Zip

Country

33550-0627

Country

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~DAVID KOLASSA~~

7. Name and Address of New Registered Agent

Name

STEVE SHERBOK

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

2363 KENTON LN

City

CLEAR WATER

FL

Zip Code

33763

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

5/14/00

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR** ☐ Delete
NAME **STANLEY T. ALLEN**
STREET ADDRESS **514 HIGHVIEW CIR N**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE **MGR** ☐ Delete
NAME **EVERLYN ALLEN**
STREET ADDRESS **514 HIGHVIEW CIR N**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400003287754--5
-06/14/00--01004--017
*******55.00 *****55.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

STANLEY T. ALLEN

Date

5/14/00

Daytime Phone #

813 685-7495

CR2E083 (11/99)