

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002005**  
 1. Entity Name **ALLEN SERVICES L.C.**

FILED

01 MAR 28 PM 2:12

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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	
Zip	Country	Zip	Country

4. FEI Number <b>59-3542472</b>	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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## 6. Name and Address of Current Registered Agent

**STEVE SHERBOK  
 2363 KENTON LANE  
 CLEARWATER FL 34675**

## 7. Name and Address of New Registered Agent

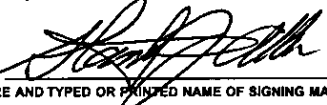
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> Zip Code

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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Department of State</b>		<b>700003985567--4</b> <b>-04/10/01--01031--001</b> <b>*****\$5.00 *****\$5.00</b>

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVELYN E. ALLEN</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT &amp; SECY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>EVELYN E. ALLEN</b> <b>514 HIGHVIEW CIRCLE NORTH</b> <b>BRANDON FL 33510-2403</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STANLEY J. ALLEN</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT &amp; TREAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STANLEY J. ALLEN</b> <b>514 HIGHVIEW CIRCLE NORTH</b> <b>BRANDON FL 33510-2403</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **STANLEY J. ALLEN V.P.** **3/23/01** **813-685-7495**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/00)