

-2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034281

1. Entity Name

G. ALLEN AND ASSOCIATES, INC.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90012 001 ***150.00

Principal Place of Business

2248 N.W. 81ST TERRACE
SUNRISE FL 33322-3010

Mailing Address

2248 N.W. 81ST TERRACE
SUNRISE FL 33322-3010

2. Principal Place of Business

3. Mailing Address

357 Connecticut Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Newington, Connecticut

Zip

Country

Zip

Country

06111

USA

4. FEI Number

65-10039-78

Applied For

Not Applicable

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

ALLEN, GREGORY A
2248 N.W. 81ST TERRACE
SUNRISE FL 33322-3010

Name

Jill H. Brickel CPA

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

c/o Brickel & Co, PA.

2600 N. Military Trail, Ste 290

City

Boca Raton

FL

Zip Code

33431

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

Jill H. Brickel CPA

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/16/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.D.
Gregory A. Allen
357 Connecticut Avenue
Newington, CONNECTICUT, 06111

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.16.2001

Date

Daytime Phone #

CR2E034 (10/00)