

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035783

1. Entity Name

ALLEN SPECIALITY IMPORTS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90392 001 ***150.00

0015556

Principal Place of Business

7308 ATLANTIC BLVD.
 JACKSONVILLE FL 32211

Mailing Address

7308 ATLANTIC BLVD.
 JACKSONVILLE FL 32211

80057200

2. Principal Place of Business

7227 Atlantic Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

7227 Atlantic Blvd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Jacksonville, Florida
 Zip 32211 Country US

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 Jacksonville, Florida
 Zip 32211 Country US

4. FEI Number 59-31667904 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, TIMOTHY P
 1016 LASALLE STREET
 JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ (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 D
 NAME ALLEN, MARK
 STREET ADDRESS 7308 ATLANTIC BLVD.
 CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP ☐ Delete

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TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
 NAME Allen, mark
 STREET ADDRESS 12854 La Costa Court
 CITY-ST-ZIP Jacksonville, Florida 32225 ☒ Change ☒ Addition

TITLE V/S/T
 NAME Allen, Wendi
 STREET ADDRESS 12854 La Costa Court
 CITY-ST-ZIP Jacksonville, Florida 32225 ☐ Change ☒ Addition

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

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

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

TITLE
 NAME
 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: Wendi Allen 4-27-01 904-724-1579
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)