**FILED**
**May 02, 2003 8:00 am**
**Secretary of State**
05-02-2003 90741 006 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111281

1. Entity Name
THE ALLEGRO SPA INC.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4507 FURLING LN | 4507 FURLING LN |
| Suite, Apt. #, etc. #116 | Suite, Apt. #, etc. #116 |
| City & State DESTIN FL | City & State DESTIN, FL |
| Zip 32541 Country USA | Zip 32541 Country USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: GERE TIMBERLAKE

Street Address (P.O. Box Number is Not Acceptable): 124 EAST MIRACLE STRIP PKWY #101

City: MARY ESTHER FL Zip Code: 32569

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) Date

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | |
| NAME | GERE TIMBERLAKE |
| STREET ADDRESS | 124 E. MIRACLE STRIP PKWY #101 |
| CITY-ST-ZIP | MARY ESTHER, FL 32569 |
| TITLE | |
| NAME | MARTINA ALLEGRO |
| STREET ADDRESS | 124 E. MIRACLE STRIP PKWY #101 |
| CITY-ST-ZIP | MARY ESTHER, FL 32569 |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 4/29/03 850 796 2579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #