

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90141 020 ***150.00

DOCUMENT # P01000000013

1. Entity Name
ALLEN COMPUTER SOLUTIONS, INC.

Principal Place of Business

**4900 BISCAYNE DRIVE #22
 NAPLES FL 34112**

Mailing Address

**4900 BISCAYNE DRIVE #22
 NAPLES FL 34112**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7434 meldin ct

3. Mailing Address

Suite, Apt. #, etc.

City & State

NAPLES

City & State

Suite, Apt. #, etc.

4. FEI Number

59-3603507

Applied For

Not Applicable

Zip

34104

Country

USA

Zip

Suite, Apt. #, etc.

Country

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, MICHAEL
 4900 BISCAYNE DRIVE #22
 NAPLES FL 34112**

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

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

(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, 2002 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 **DPVS** ☐ Delete
 NAME **ALLEN, MICHAEL**
 STREET ADDRESS **4900 BISCAYNE DRIVE #22**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **T** ☐ Delete
 NAME **ALLEN, MICHAEL**
 STREET ADDRESS **4900 BISCAYNE DRIVE #22**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
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 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVS** ☐ Change ☐ Addition
 NAME **Michael Allen**
 STREET ADDRESS **7434 meldin ct**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE **T** ☐ Change ☐ Addition
 NAME **Michael Allen**
 STREET ADDRESS **7434 meldin ct**
 CITY-ST-ZIP **NAPLES FL 34104**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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: **Michael A. Allen** **2/1/02 941-793-1139**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)