

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90265 025 \*\*\*150.00

**DOCUMENT # P01000036415**

1. Entity Name  
**BOB ALLEN, INC.**

Principal Place of Business  
**12701 MUSTANT TR**  
**FT. LAUDERDALE FL 33330**

Mailing Address  
**12701 MUSTANT TR**  
**FT. LAUDERDALE FL 33330**

31343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**12701 MUSTANG TRAIL**

3. Mailing Address  
**12701 MUSTANG TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**FT. LAUDERDALE FL.**

City & State  
**FT. LAUDERDALE, FL.**

4. FEI Number  
**65-1096915**

Applied For  
 Not Applicable

Zip  
**33330**

Country **BROWARD**  
**U.S.A.**

Zip  
**33330**

Country **BROWARD**  
**U.S.A.**

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

**CHARDE, JOHN**  
**601 ELKCAM CIR., SUITE A-1-A**  
**MARCO ISLAND FL 34145**

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

SIGNATURE **BOB ALLEN, DIRECTOR**

**JULY 8, 2002**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>D</b> <b>ALLEN, BOB</b> <b>12701 MUSTANT TR</b> <b>FT. LAUDERDALE FL 33330</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARIANNE ALLEN</b> <b>12701 MUSTANG TRAIL</b> <b>S.W. RANCHES, FL. 33330</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DENNIS METZGER</b> <b>10660 N.W. 42 DRIVE</b> <b>CORAL SPRINGS FL. 333065</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: **BOB ALLEN, DIRECTOR** **JULY 8, 2002** (954) 802-3535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)