

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
 Suite, Apt. #, etc.

3. Mailing Address
12701 MUSTANG TRAIL
 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
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete
 NAME **ALLEN, BOB**
 STREET ADDRESS **12701 MUSTANT TR**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33330**

TITLE **P** ☐ Change ☒ Addition
 NAME **MARIANNE ALLEN**
 STREET ADDRESS **12701 MUSTANG TRAIL**
 CITY-ST-ZIP **S.W. RANCHES, FL. 33330**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **DENNIS METZGER**
 STREET ADDRESS **10660 N.W. 42 DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL. 333065**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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)