

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 NOV -4 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063830

1. Entity Name

ALLEN CONSTRUCTION & CABINETRY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11241 SACCO BLVD

3. Mailing Address

NAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

BOCA RATON, FL

City & State

Zip

33428

Country

Zip

Country

4. FEI Number

65-1135454

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

NICKY ALLEN

Street Address (P.O. Box Number is Not Acceptable)

11241 SACCO BLVD

City

BOCA RATON

FL

Zip 33428

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

Nicky W. Allen

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/25/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. PD OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NICKY ALLEN
11241 SACCO BLVD
BOCA RATON, FL 33428

TITLE
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900008790659
11/04/02--01094--022 *\$150.00

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nicky W. Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/02 x 561 / 4579461

Date

Daytime Phone #