

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90241 017 ***150.00

DOCUMENT # P01000066698
1. Entity Name
Laura Tonkin Allen, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
525 Indian Lilac Rd.
Suite, Apt. #, etc.

3. Mailing Address
P O Box 3174
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Vero Beach, FL

City & State
Vero Beach, FL

Zip
32963 Country *USA* Zip *32964* Country *USA*

4. FEI Number
59-3723884

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 *Laura T. Allen*

Street Address (P.O. Box Number is Not Acceptable)
525 Indian Lilac Road

City *Vero Beach* FL Zip Code *32963*

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 *Laura T. Allen, President* *Laura T. Allen, Pres.* *4/24/02*

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)

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. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President, Vice Pres, Sect Treas</i> <i>Laura T. Allen</i> <i>525 Indian Lilac Road</i> <i>Vero Beach, FL 32963</i>
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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: *Laura T. Allen, Pres.* *4/24/02* *772-231-2131*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)