4/8

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
04-08-2002 90089 001 ***300.00

DOCUMENT # P01000072534

1. Entity Name
ALLEN DEVELOPMENT GROUP, INC.

Principal Place of Business	Mailing Address
6051 NORTH OCEAN DR. SUITE 907 HOLLYWOOD FL 33019	6051 NORTH OCEAN DR. SUITE 907 HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1124535 ☐ Applied For ☐ Not Applicable

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
TOMPKINS, DARRYL J 14706 MAIN ST. ALACHUA FL 32615	Name: GARY A. ALLEN Street Address (P.O. Box Number is Not Acceptable): 6051 NORTH OCEAN DRIVE SUITE 907 City: HOLLYWOOD FL Zip Code: 33019

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: Gary L. Allen (PRESIDENT) 1/10/02
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) ☐

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / SECRETARY ☐ Delete GARY. A ALLEN 6051 NORTH OCEAN DRIVE H907 HOLLYWOOD. FL. 33019	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT / DIRECTOR ☐ Delete RAYMOND ALLEN. ST. CHRISTOPHERS. ST. PETER JERSEY. GT. BRITAIN.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ☐ Delete P.S. ALLEN ST. CHRISTOPHERS. ST. PETER JERSEY. GT. BIZITAIN.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ☐ Delete T. M. ALLEN. ST. CHRISTOPHERS. ST. PETER. JERSEY. GT. BRITAIN.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR. ☐ Delete V. S. LE. LIEVRE. MARANHAM. ST. LAWRENCE. JERSEY. GT. BRITAIN.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary L. Allen GARY A. ALLEN 1/10/02 (954) 920 6710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #