

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90121 040 \*\*\*150.00

0520404 AV

**DOCUMENT # P01000091455**

1. Entity Name  
**ALLARD COMMERCIAL INC.**



Principal Place of Business  
**12781 PENNY LANE  
FORT MYERS FL 33912**

Mailing Address  
**12781 PENNY LANE  
FORT MYERS FL 33912**



2. Principal Place of Business

**13750 Tree Line Ave S**

3. Mailing Address

**13750 Tree Line Ave S**

Suite, Apt. #, etc.

**Suite 7**

Suite, Apt. #, etc.

**Suite 7**

City & State

**Ft Myers, FL**

City & State

**Ft Myers FL**

Zip

**33913**

Country

**USA**

Zip

**33913**

Country

**USA**

4. FEI Number

**65-1140934**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALLARD, KEVIN J  
12781 PENNY LANE  
FORT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name

**Allard, Kevin**

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

**13750 Tree Line Ave S Suite 7**

City

**Ft Myers**

FL

Zip Code

**33913**

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

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

(NOTE: Registered Agent signature required when reinstating)

**4-1-03**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **ALLARD, KEVIN J**  
STREET ADDRESS **12781 PENNY LANE**  
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Allard, Kevin**  
STREET ADDRESS **13750 Tree Line Ave S Suite 7**  
CITY-ST-ZIP **Ft Myers, FL 33913**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-1-03**

Date

**239**

Daytime Phone #

**561-9110**

CR2E034 (10/02)