

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000038254

1. Entity Name  
NANCY E. ALLEN, INC.



FILED

03 JUL 14 PM 7:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
30 SAILFISH DRIVE  
PONTE VEDRA FL 32082

Mailing Address  
30 SAILFISH DRIVE  
PONTE VEDRA FL 32082

2. Principal Place of Business

30 SAILFISH DR

Suite, Apt. #, etc.

3. Mailing Address

30 SAILFISH DR

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

St. John

City & State

Ponte Vedra Bch, FL

Zip

32082

Country

St. John

4. FEI Number

04-3642565

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00  
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 PSTD  
NAME ALLEN, NANCY E  
STREET ADDRESS 30 SAILFISH DRIVE  
CITY-ST-ZIP PONTE VEDRA FL 32082

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

300021565209  
07/15/03--01021--029 \*\*150.00

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03

Date

904 273-4291

Daytime Phone #

904 1-55-5637

CR2E034 (4/03)

0000574 AV

Attachment

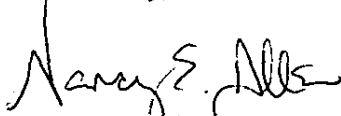
July 7, 2003:

# P02000038254

Dear Sir or Madam;

I am requesting that the late fee for filing the incorporation status be waived. This is my first year of being incorporated and I contacted my accountant regarding how I was to stay current with matters concerning filing with the state thinking this letter was in regards to taxes. Since I have taken another job due to the loss of a major contract my corporation has not been bringing in an income. I was told at that time since there was no income I did not have to file the reports. This was indeed a lack of understanding about paying a corporate fee on an annual basis. I am requesting that the late fee be waived as I indeed endeavor to be compliant with all state and federal laws.

Sincerely,

  
Nancy E. Allen