

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000088075

FILED
Apr 28, 2003
Secretary of State

Entity Name: ALLARD BUILDERS INCORPORATED

Current Principal Place of Business:

184 SWAN LAKE DRIVE
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

184 SWAN LAKE DRIVE
MELROSE, FL 32666

New Mailing Address:

FEI Number: 83-0354319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLARD, MARLENE S
184 SWAN LAKE DRIVE
MELROSE, FL 32666

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLARD, WILLIAM L
Address: 184 SWAN LAKE DRIVE
City-St-Zip: MELROSE, FL 32666

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: ALLARD, WILLIAM L
Address: 184 SWAN LAKE DRIVE
City-St-Zip: MELROSE, FL 32666

Title: V () Change (X) Addition
Name: ALLARD, CODY B
Address: 184 SWAN LAKE DRIVE
City-St-Zip: MELROSE, FL 32666

Title: V () Change (X) Addition
Name: ALLARD, ANTHONY A
Address: 184 SWAN LAKE DRIVE
City-St-Zip: MELROSE, FL 32666

Title: S/T () Change (X) Addition
Name: ALLARD, MARLENE S
Address: 184 SWAN LAKE DRIVE
City-St-Zip: MELROSE, FL 32666

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE S. ALLARD

S/T

04/28/2003

Electronic Signature of Signing Officer or Director

_____ Date