

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90160 040 ***158.75

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DOCUMENT # P02000106463

1. Entity Name
ALLISON FISHERIES, INC.



Principal Place of Business
5895 CAMPO DR.
KEYSTONE HEIGHTS FL 32656

Mailing Address
5895 CAMPO DR.
KEYSTONE HEIGHTS FL 32656



2. Principal Place of Business
648 First Street

3. Mailing Address
P.O. Box 313

Suite, Apt. #, etc.
Cedar Key

Suite, Apt. #, etc.
Cedar Key

City & State
Florida

City & State
Florida

Zip
32625

Country
USA

Zip
32625

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
56-2340779

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLISON, WENDY G
5895 CAMPO DR.
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name Allison, Kelly M
Street Address (P.O. Box Number is Not Acceptable)
648 First Street
City Cedar Key FL Zip Code 32625

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 Kelly Allison Kelly M. Allison 4-26-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLISON, KELLY M 5895 CAMPO DR. KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLISON, WENDY G 5895 CAMPO DR. KEYSTONE HEIGHTS FL 32656	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Thomas Loyd 7851 SW 112th Court (7851) Cedar Key, FL 32625	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Kelly Allison Kelly M. Allison 4-26-03 (352)5430925
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)