

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**  
 03-06-2000 90062 009 \*\*\*150.00

**DOCUMENT # P93000013491**

Entity Name  
**THOMAS R. ALLEN, P.A.**

Principal Place of Business <b>E ROBINSON                  SUITE 201                  ORLANDO FL 32801</b>	Mailing Address <b>P O BOX 3628                  ORLANDO FL 32802-3628                  US</b>
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DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>14 E. Washington St.</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. <b>Suite 600</b>	Suite, Apt. #, etc.
City & State <b>Orlando, FL</b>	City & State
Zip <b>32801</b>	Country <b>Orange</b>

4. FEI Number <b>59-3166321</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>ALLEN, THOMAS R                  105 E ROBINSON                  SUITE 201                  ORLANDO FL 32801</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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, typed or printed name of registered agent and title if applicable: *[Signature]* (NOTE: Registered Agent Signature required when reinstating)

DATE: 3/1/00

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PDST <b>ALLEN, THOMAS R</b> <b>105 E ROBINSON, SUITE 201</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete	TITLE <b>Allen, Thomas R.</b> STREET ADDRESS <b>15 E. Washington St., Suite 600</b> CITY-ST-ZIP <b>Orlando, FL 32801</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**407/422-8250**

**SIGNATURE:** *[Signature]* **Thomas R. Allen, President** 3/1/2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)