

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P93000058786*

1. Entity Name  
ALLEN'S REPAIR SERVICE, INC.

FILED

02 DEC 16 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3500 Ortona Locks Road  
Suite, Apt. #, etc.

3. Mailing Address  
3500 Ortona Locks Road  
Suite, Apt. #, etc.

City & State  
Moore Haven, FL

City & State  
Moore Haven, FL

Zip  
33471

Country  
USA

Zip  
33471

Country  
USA

4. FEI Number  
65-0425664

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Douglas L. Allen

Street Address (P.O. Box Number is Not Acceptable)  
3500 Ortona Locks Road

City  
Moore Haven

FL

Zip Code  
33471

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.

SIGNATURE *Douglas L. Allen* DOUGLAS L. ALLEN

12/04/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/S/D  
Jenness H. Allen  
3500 Ortona Locks Road  
Moore Haven, FL 33471

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP/T/D  
Douglas L. Allen  
3500 Ortona Locks Road  
Moore Haven, FL 33471

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

200008894592

12/17/02--01012--004 \*\*26.25

200008894592

12/17/02--01012--005 \*\*8.75

**DO NOT WRITE  
IN THIS SPACE**

200008894592

11/12/02--01128--004 \*\*35.00

*T. Lewis 12/16/02*

13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jenness H. Allen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jenness H. Allen

12/04/02

Date

Daytime Phone #

CR2E034B (12/01)