## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED

## May 11, 2001 8:00 am Secretary of State DOCUMENT # **P94000016294** ALLEN BREEDING CARPENTRY, INC. 05-11-2001 90054 041 \*\*\*150.00 Principal Place of Business Mailing Address 4881 SW 44 AVE 113 N. FEDERAL HWY. FT LAUDERDALE FL 33314 DANIA FL 33004 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For FEI Number 65-0470789 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADAMS, GERALD Street Address (P.O. Box Number is Not Acceptable) 113 N FEDERAL HWY DANIA FL 33004 City 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. SIGNATURE Signature, typed or printed name of registered agent and title Tapplicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE **PVST** TITLE Addition ☐ Delete NAME BREEDING, ALLEN NAME STREET ADDRESS STREET ADDRESS 4881 SW 44 AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33314 ☐ Delete TITLE Change Addition TITLE D NAME NAM.E BREEDING, ALLEN STREET ADDRESS STREET ADDRESS 4881 SW 44 AVE CITY-ST-ZIP CITY-ST-Z!P FT LAUDERDALE FL 33314 ☐ Change Addition TITLE ☐ Delete 1111 -NAME NAME STREET ADDRESS STREE' ADDRESS CITY-ST-ZiP CITY-ST-ZiP Acdition TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE Delete TITLE Change Addition. NAME NAME STREET ACCRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP THILE ... Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY-ST-ZIP 13. Thereby 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR