

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91888 004 \*\*\*150.00

**DOCUMENT # P94000022558**

1. Entity Name  
**ALLEN BUILDERS, INC.**



Principal Place of Business  
**8840 BRIER WAY SOUTH  
JACKSONVILLE FL 32221**

Mailing Address  
**8840 BRIER WAY SOUTH  
JACKSONVILLE FL 32221**

2. Principal Place of Business  
**1304 Alvis Rd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1304 Alvis Rd.**  
Suite, Apt. #, etc.

City & State  
**Jax, FL**

City & State  
**Jax, FL**

4. FEI Number **59-3232938**

Applied For  
Not Applicable

Zip **32220** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**ALLEN, SHARON T  
8840 BRIER WAY S  
JACKSONVILLE FL 32221**

**7. Name and Address of New Registered Agent**

Name **Sharon T. Allen**

Street Address (P.O. Box Number is Not Acceptable)

**1304 Alvis Rd.**

City **Jax** **FL** Zip Code **32220**

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 **Sharon Allen** **SHARON ALLEN SECRETARY 4/29/03**  
(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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALLEN, KEVIN</b> <b>8840 BRIER WAY SOUTH</b> <b>JACKSONVILLE FL 32221</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SHARON, ALLEN</b> <b>8540 BRIER WAY SOUTH</b> <b>JACKSONVILLE FL 32221</b>	<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		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KEVIN ALLEN</b> <b>1304 Alvis Rd.</b> <b>Jax, FL 32220</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Sharon Allen</b> <b>1304 Alvis Rd.</b> <b>Jax, FL 32220</b>	<input checked="" type="checkbox"/> Change <input 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
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: **Sharon Allen** **Sharon Allen Secretary 4/29/03 (904) 786-3382**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0021053 AV

CR2E034 (10/02)