## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 20, 2000 8:00 am Secretary of State OCUMENT # P9400029036 **ALLAN - HANKS DEVELOPMENT INC** 04-20-2000 90059 017 \*\*\*150.00 ान्य Place of Business Mailing Address 240 72ND AVE. 72ND AVE **LUUbb73**V ST. PETERSBURG FL 33706-1911 PETERSBURG FL 33706 Principal Place of Business Ave Mailing Address Ave DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number Pete Beach Beach 59-3258783 Not Applicable Pinellas \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent n No L ALLAN, JOHN R Street Address (P.O. Box Number is Not Acceptable) 240 72ND AVE. ST. PETERSBURG FL 33706 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CR2E034 (9/99) Change TITLE □ Delete Allan John R. ADDRESSCHOOL ALLAN, JOHN R NAME 220 72 N Ave CT ADDRESS 240 72ND AVE. STREET ADDRESS CITY-ST-ZIP ST Pete Beach Fla 33706 ST. PETERSBURG FL 33706 Change ☐ Addition ☐ Delete TITLE HANKS, CLINTON NAME STREET ADDRESS 240 72ND AVE. CITY-ST-ZIP ST ZIP ST. PETERSBURG FL 33706 Van EmBurgh, Carl TITLE Defete VAN EMBURGH, CARL NAME 3614 Casablanca Ave 672 - 102ND POST OAK CR. STREET ADDRESS ST Pete Beach Fla. 33706 CITY-ST-ZIP ST-7IP ALTAMONTE SPRINGS FL 32701 ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS :::::: ADDRESS CITY-ST-ZIP ST ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS HITT ADDRESS CITY-ST-ZIP ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME an a ADDRESS STREET ADDRESS CITY-ST-ZIP 3. 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 a state/purpt with an addressible of other like empowered. cal other like empowered.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR