

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED

Apr 04, 2001 8:00 am  
Secretary of State

03-19-2001 90063 020 \*\*\*150.00

DOCUMENT # P94000039890

1. Entity Name  
ALLEN LURES, INC.

Principal Place of Business

115 OLD JAX LANE  
PALATKA FL 32177  
US

Mailing Address

RR 6 BOX 5700  
PALATKA FL 32177  
US

2. Principal Place of Business

108 Jax Lane

3. Mailing Address

108 Jax Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palatka FL

City & State

Palatka FL

Zip

32177

Country

US

Zip

32177

Country

US

4. FEI Number 59-3246916

Applied For.

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, PETER I  
115 OLD JAX LANE  
PALATKA FL 32177

Name ALLEN, LAURA C.

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

108 Jax Lane

City Palatka

FL

Zip Code 32177

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.

*Laura C. Allen*  
Signature

*Laura Allen*  
Signature

3-12-2001  
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ALLEN, PETER I  
STREET ADDRESS RIVER BEND DR  
CITY-ST-ZIP WELAKA FL 32193

TITLE Vice president  
NAME ALLEN, PETER I  
STREET ADDRESS 124 Beechers Pt.  
CITY-ST-ZIP Welaka FL 32193

TITLE  
NAME ALLEN, LAURA C  
STREET ADDRESS RIVER BEND DR  
CITY-ST-ZIP WELAKA FL 32193

TITLE President  
NAME ALLEN, LAURA C  
STREET ADDRESS 124 Beechers Pt.  
CITY-ST-ZIP Welaka FL 32193

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laura C. Allen* President

3-12-2001 386-328-8808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)