

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038714

1. Entity Name

NED ALLEN, INC.

R

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90158 011 ***150.00

Principal Place of Business

~~1760 SE 10TH STREET~~
~~SUITE 201~~
~~FORT LAUDERDALE FL 33316-1424~~
~~US~~

Mailing Address

~~1760 SE 10TH STREET~~
~~SUITE 201~~
~~FORT LAUDERDALE FL 33316-1424~~
~~US~~

2. Principal Place of Business

4312 DOWN POINT LANE
Suite, Apt. #, etc.

3. Mailing Address

4312 DOWN POINT LANE
Suite, Apt. #, etc.

City & State

WINDERMERE FL

City & State

WINDERMERE FL

4. FEI Number

65-0586183

Applied For

Not Applicable

Zip

Country

34786 USA

Zip

Country

34786 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, EDWARD R
1760 SE 10TH STREET
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name: ALLEN, EDWARD R.
Street Address (P.O. Box Number is Not Acceptable): 4312 DOWN POINT LANE
City: WINDERMERE FL Zip Code: 34786

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 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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, EDWARD R	
STREET ADDRESS	1760 SE 10TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33316-1424	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, EDWARD R.	
STREET ADDRESS	4312 DOWN POINT LANE	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Edward R. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/2000 407-909-8951