

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000043437

1. Entity Name

ALLERTON, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90153 035 ***150.00

Principal Place of Business

Mailing Address

294 E EAU GALLIE BLVD
INDIAN HARBOUR BEACH FL 32937

294 E EAU GALLIE BLVD
INDIAN HARBOUR BEACH FL 32937-4837

2. Principal Place of Business

294 E. Eau Gallie Blvd

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indian Harbour Beach FL

City & State

FL

Zip

32937

Country

USA

Zip

Country

USA

4. FEI Number

59-3317154

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

ALLERTON, GEORGE
294 E EAU GALLIE BLVD
INDIAN HARBOUR BEACH FL 32937

Name

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

City

FL

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 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 \$150.00
After MAY 1, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALLERTON, GEORGE	
STREET ADDRESS	294 E EAU GALLIE BLVD	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALLERTON, KARLA	
STREET ADDRESS	294 E EAU GALLIE BLVD	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALLERTON, GEORGE S	
STREET ADDRESS	294 E. EAU GALLIE BLVD	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
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	<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	
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:

Karla P. Allerton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Karla P. Allerton

3/29/00
Date

321/779-7228
Daytime Phone #

CR2E034 (9/99)