

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000043437**

1. Entity Name

ALLERTON, INC.**FILED**
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90013 045 ***150.00

0081929

Principal Place of Business Mailing Address
294 E EAU GALLIE BLVD **294 E EAU GALLIE BLVD**
INDIAN HARBOUR BEACH FL 32937 **INDIAN HARBOUR BEACH FL 32937**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	ALLERTON, GEORGE	294 E EAU GALLIE BLVD INDIAN HARBOUR BEACH FL 32937				
	SD	ALLERTON, KARLA	294 E EAU GALLIE BLVD INDIAN HARBOUR BEACH FL 32937				
	VP	ALLERTON, GEORGE S	294 E. EAU GALLIE BLVD INDIAN HARBOUR BEACH FL 32937				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/01

Date

321/779-4228

Daytime Phone #

CR2E034 (10/00)