

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90157 014 ***150.00

DOCUMENT # P95000088082

1. Entity Name
ALLEN & MALLER, P.A.

Principal Place of Business

5929 BAYVIEW CIRCLE SO
GULFPORT FL 33707

Mailing Address

5929 BAYVIEW CIRCLE SO
GULFPORT FL 33707

2. Principal Place of Business

5929 BAYVIEW CIRCLE SO

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULFPORT FL

City & State

SAME

4. FEI Number

59-3349231

Applied For

Not Applicable

Zip

Country

33707 PINELAS

Zip

SAME

Country

SAME

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALLEN, JOHN T JR
5929 BAYVIEW CIRCLE SO
GULFPORT FL 33707

7. Name and Address of New Registered Agent

Name

N/A

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, 2002 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 **D** ☐ Delete
NAME **ALLEN, JOHN T JR**
STREET ADDRESS **5929 BAYVIEW CIRCLE S**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **D** ☐ Delete
NAME **MALLER, KAREN E**
STREET ADDRESS **4622 MT ABELLA COURT**
CITY-ST-ZIP **ST PETE BCH FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT/SECRETARY** ☐ Change ☐ Addition
NAME **JARY-JOHN T. ALLEN JR - 5929**
STREET ADDRESS **BAYVIEW CIRCLE SO**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition
NAME **KAREN E. MALLER**
STREET ADDRESS **4622 MT ABELLA COURT**
CITY-ST-ZIP **ST. PETE - BCH FLA 33706**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHYS. DIRECTOR

ALLEN JR 2/11/02 727-3452963

Date

Daytime Phone #

CR2E034 (9/01)