

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083693

1. Entity Name

ALLEGIANCE FINANCIAL SERVICES, INCORPORATED

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90178 036 ***150.00

Principal Place of Business

POST OFFICE BOX 320662
TAMPA FL 33679

Mailing Address

POST OFFICE BOX 320662
TAMPA FL 33679

2. Principal Place of Business

2909 Bay to Bay Blvd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip 33629

Country

USA

City & State

Zip

Country

4. FEI Number

59-3406148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILIPP, JOSEPH N JR
5011 SPRING LAKE DRIVE
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name

Joseph N. Philipp, Jr.

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

606 South Orleans Avenue

City

Tampa

FL

Zip Code
33606

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	PHILLIP, JOSEPH N JR	
STREET ADDRESS	5011 SPRING LAKE DRIVE	
CITY-ST-ZIP	TAMPA FL 33629	
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	P	☐ Change ☐ Addition
NAME	Philipp, Joseph N. Jr.	
STREET ADDRESS	606 South Orleans Avenue	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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:

Joseph N. Philipp, Jr. President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)