

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102268

1. Entity Name

ALLEN BUSINESS PRODUCTS, INC.

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90342 044 ***150.00

Principal Place of Business

424 PALM TREE DR
BRADENTON FL 34210
US

Mailing Address

424 PALM TREE DR
BRADENTON FL 34210
US

2. Principal Place of Business

4513 Lakewood E

3. Mailing Address

322 River Isles

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL. 34208

City & State

Bradenton, FL. 34208

4. FEI Number

65-0721715

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALLEN, JACK C

~~424 PALM TREE DR~~ 322 River Isles
~~BRADENTON FL 34210~~ 34208

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input type="checkbox"/> Delete
NAME	ALLEN, JACK C	
STREET ADDRESS	424 PALM TREE DR 4513 Lakewood E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ALLEN, GERALDINE A	
STREET ADDRESS	424 PALM TREE DR 4513 Lakewood E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02 9417491471
Date Daytime Phone #

CR2E034 (10/00)