2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90111 012 ***150.00

DOCUMENT # P97000035441

1. Entity Name
ALLEN ENTERPRISES OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
4031 HEIDI RD WEST JACKSONVILLE FL 32277	4031 HEIDI RD WEST JACKSONVILLE FL 32277

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1275 CR. 210 W.	P.O. Box 1093
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL.	City & State: Welaka, FL.
Zip: 32259 Country: USA	Zip: 32193 Country: USA

4. FEI Number 59-3441945 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEAD, KOKO
2970 HARTLEY RD, SUITE 104
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name: Koko Head
Street Address (P.O. Box Number is Not Acceptable): 9309 Old Kings Rd. South
Suite 4
City: Jacksonville FL Zip Code: 32257

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALLEN, SHARON B. 4031 HEIDI RD. W. JACKSONVILLE FL 32277 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Sharon B. Allen 132 William Bartram Dr, Welaka, FL. 32193 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALLEN, HENRY L. 4031 HEIDE RD. W. JACKSONVILLE FL 32277 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Henry Allen 132 William BarTram Dr. ~~[illegible]~~ Welaka, FL. 32193 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] 2-24-01 (904) 826-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #