

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036097

1. Entity Name
R. & E. ALLEN PROPERTIES, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90440 032 ***150.00

Principal Place of Business
99 N BAYSHORE DRIVE
EASTPOINT FL 32328

Mailing Address
P O BOX 606
EASTPOINT FL 32328

32328



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
99 N Bay Shore Dr.
Suite, Apt. #, etc.
EASTPOINT FL

3. Mailing Address
P.O. 606
Suite, Apt. #, etc.

City & State
EASTPOINT FL

4. FEI Number NOT APPLICABLE
Applied For
Not Applicable

Zip Country Zip Country
32328 FRANKLIN 32328 FRANKLIN

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

6. Name and Address of Current Registered Agent
ALLEN, ROBERT
99 N BAYSHORE DRIVE
EASTPOINT FL 32328

7. Name and Address of New Registered Agent
Name: ROBERT ALLEN
Street Address (P.O. Box Number is Not Acceptable)
99 N Bay Shore Dr.
City: EASTPOINT FL Zip Code: 32328

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PVD ALLEN, ROBERT 99 N. BAYSHORE DR EASTPOINT FL 32328 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert Allen 3-8-01 1-850-670-8423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)