

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90232 049 ***150.00

DOCUMENT # P98000036097

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



Principal Place of Business
99 N BAYSHORE DRIVE
EASTPOINT FL 32328

Mailing Address
P O BOX 606
EASTPOINT FL 32328

97 N Bay Shore Dr.

2. Principal Place of Business

97 N Bay Shore Dr.

3. Mailing Address

P.O. 606

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EASTPOINT FL

City & State

EASTPOINT FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32328

Country

FLORIDA

Zip

32328

Country

FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

ROBERT ALLEN

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

97 N Bay Shore Dr.

EASTPOINT FL 32328

City

FL

Zip Code

32328

ALLEN, ROBERT
99 N BAYSHORE DRIVE
EASTPOINT FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVD ☐ Delete
NAME ALLEN, ROBERT
STREET ADDRESS 99 N. BAYSHORE DR
CITY-ST-ZIP EASTPOINT FL 32328

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS
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NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR25024 (10/02)