

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037149

1. Entity Name

ALLARD CONTRACTING INC.

Principal Place of Business

17193 PHLOX DR.  
FT.MYERS FL 33912

Mailing Address

17193 PHLOX DR.  
FT.MYERS FL 33912

2. Principal Place of Business

12781 Penny Ln.  
Suite, Apt. #, etc.

3. Mailing Address

12781 Penny Ln.  
Suite, Apt. #, etc.

City & State

FT Myers FL

City & State

FT Myers FL

Zip

FL-33912

Country

USA

Zip

33912

Country

USA

4. FEI Number

65-0832267

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLARD, KEVIN  
17193 PHLOX DR.  
FT.MYERS FL 33912

7. Name and Address of New Registered Agent

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

3-19-01

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  
NAME ALLARD, KEVIN  
STREET ADDRESS 17193 PHLOX DR.  
CITY-ST-ZIP FT.MYERS FL 33912 ☐ Delete

TITLE V  
NAME PUCKETT, MICHAEL  
STREET ADDRESS 17125 TROPICAL RD  
CITY-ST-ZIP FT MEYERS FL 33912 ☐ Delete

TITLE V  
NAME MARS, MICHAEL  
STREET ADDRESS 13051 5TH ST SE  
CITY-ST-ZIP FT MYERS FL 33905 ☐ Delete

TITLE V  
NAME DIGGS, KEVIN  
STREET ADDRESS 829 CHAPLIN AVE  
CITY-ST-ZIP LEHIGH ACRES FL 33971 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-01

941-707-3776

CR2E034 (10/00)

FILED  
Mar 21, 2001 8:00 am  
Secretary of State

03-21-2001 90021 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE