

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040734

1. Entity Name

ALLIED REAL ESTATE SERVICES, INC.

**FILED**  
**Aug 25, 2000 8:00 am**  
**Secretary of State**

08-25-2000 90062 006 \*\*\*550.00

Principal Place of Business

258 LEANING PINES LOOP  
KELLY PLANTATION  
DESTIN FL 32541

Mailing Address

258 LEANING PINES LOOP  
KELLY PLANTATION  
DESTIN FL 32541

U0081045



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1950 BLUEWATER BLVD.

3. Mailing Address

1950 BLUEWATER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BLUEWATER BAY, FL

City & State

BLUEWATER BAY, FL

4. FEI Number

59-3514794

Applied For

Not Applicable

Zip

32578

Country

USA

Zip

32578

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STOCKWELL, SANDRA P.  
211 EAST CALL STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

MATHEWB + HAWKINS - MARY KRAEMER

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

607 HWY. 98 E

City

DESTIN

FL

Zip Code

32541

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS SHAHID, JERE L  
CITY-ST-ZIP 258 LEANING PINES LOOP  
DESTIN FL 32541

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

12. 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

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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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

8-23-00

Date

850.650.5560

Daytime Phone #

CR2E034 (5/00)