

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000226

1. Entity Name

ALLEN AND SON'S INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90380 005 \*\*\*150.00

Principal Place of Business

Mailing Address

4468 VIENNA WOODS WAY  
 GAINESVILLE FL 32605

4468 VIENNA WOODS WAY  
 GAINESVILLE FL 32605-1670

2. Principal Place of Business

3. Mailing Address

1122 N. MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE FLA.

City & State

1

4. FEI Number

59-3549482

Applied For

Not Applicable

Zip

32601

Country

Alachua

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, RAY F JR.  
 4468 VIENNA WOODS WAY  
 GAINESVILLE FL 32605

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

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, 2000 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 **D** ☐ Delete  
 NAME **ALLEN, RAY F JR.**  
 STREET ADDRESS **4468 VIENNA WOODS WAY**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **JAMIE R. Allen -** ☐ Change ☒ Addition  
 NAME **JAMIE R. Allen -**  
 STREET ADDRESS **4468 Vienna Woods Way**  
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **D** ☐ Delete  
 NAME **ALLEN, MICHEL R**  
 STREET ADDRESS **4468 VIENNA WOODS WAY**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

*Ray F Allen Jr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

425-00

Date

352-372-8433

Daytime Phone #

CR2E034 (9/99)