

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90096 011 ***150.00

DOCUMENT # P99000002373

1. Entity Name
ALLEN ASSET MANAGEMENT, INC.



Principal Place of Business
**555 S FEDERAL HWY
STE 200
BOCA RATON FL 33432**

Mailing Address
**555 S FEDERAL HWY
STE 200
BOCA RATON FL 33432**



2. Principal Place of Business
**1877 South Federal Hwy
Suite 101
Boca Raton, FL
33432 USA**

3. Mailing Address
**1877 South Federal Hwy
Suite 101
Boca Raton, FL
33432 USA**

☒ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number **65-0893407**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLEN, TIMOTHY
1699 S.W. 16TH STREET
BOCA RATON FL 33486**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ronald J. Galli** **Ronald J. Galli - Office Manager**

3/18/03

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 **D** ☐ Delete
NAME **ALLEN, TIMOTHY L**
STREET ADDRESS **1699 S.W. 16TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33486**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **1775 SW 2nd Ave**
STREET ADDRESS **BOCA RATON, FL 33432**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **Timothy Allen**

3-18-03 561-347-7297