2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-07-2003 90138 029 ***150.00

DOCUMENT #   P99000011931

1. Entity Name
ALLAMANDA CORP.

1UU33474

Principal Place of Business	Mailing Address
~~120 ALLAMANDA DR~~ LAKELAND FL 33803	~~120 ALLAMANDA DR~~ LAKELAND FL 33803 *3131 FLight LAKeL*

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3580218   Applied For / Not Applicable

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
STEPHENS, DONALD K *3131 FLight Line DR* ~~120 ALLAMANDA DR~~ ~~LAKELAND FL 33803~~ *#313* *33811-2843*	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 _____

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D		TITLE		
NAME	STEPHENS, DONALD K *3131 FLight Line*	☐ Delete	NAME	*DR., #313*	☐ Change ☐ Addition
STREET ADDRESS	~~4110 SOUTH FLORIDA AVENUE~~		STREET ADDRESS		
CITY-ST-ZIP	~~LAKELAND FL 33813~~ *33811-2843*		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	RODDA, JOHN	☒ Delete	NAME		☐ Change ☐ Addition
STREET ADDRESS	2128 E. EDGEWOOD DR. STE. 109		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP		
TITLE			TITLE		
NAME		☐ Delete	NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME		☐ Delete	NAME		☐ Change ☐ Addition
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TITLE			TITLE		
NAME		☐ Delete	NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: _____   *1-23-03*   *(86) 646-3720*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #