

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90066 023 ***150.00

DOCUMENT # P99000012083

1. Entity Name

TERRY ALLEN REALTY, P.A.

Principal Place of Business

6737 16TH TERR. N.,#369
ST.PETERSBURG FL 33710

Mailing Address

6737 16TH TERR. N.,#369
ST.PETERSBURG FL 33710

117078

2. Principal Place of Business

8450 Candlewood Rd

3. Mailing Address

8450 Candlewood Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Largo, FL

City & State

Largo FL

4. FEI Number

59-3558953

Applied For

Not Applicable

Zip

33777

Country

Pinellas

Zip

33777

Country

Pinellas

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, TERRY

6737 16TH TERR. N.,#369
ST.PETERSBURG FL 33710

Name

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

8450 Candlewood Road

City

Largo, FL

FL

Zip Code

33777

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

Terry Allen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-11-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ALLEN, TERRY	
STREET ADDRESS	6787 6TH TERR N #369	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8450 Candlewood Road	
STREET ADDRESS	Largo, FL 33777	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Terry Allen TERRY ALLEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-01

Date

(121) 394-8012

Daytime Phone #

CR2E034 (10/00)