

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025635

1. Entity Name

ALLIED TECH SERVICES, INC.

FILED

Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90006 028 ***150.00

Principal Place of Business

557 YOUNG ST
MELBOURNE FL 32935

Mailing Address

557 YOUNG ST
MELBOURNE FL 32935

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

59-3565147

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

DESEVE, PIERRE A
557 YOUNG ST
MELBOURNE FL 32935

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS DESEVE, PIERRE A
CITY-ST-ZIP 557 YOUNG ST
MELBOURNE FL 32935

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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

6/7/00 321-253-8877
Date Daytime Phone #

CP2E034 (5/00)

Attachment
D# P99000002563
D0070346

Allied Tech Services, Inc.
557 Young Street
Melbourne, FL 32935

July 8, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500
Attn: Katherine Harris
Secretary of State

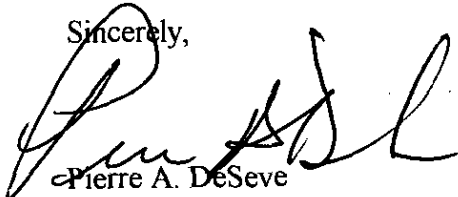
Dear Ms. Harris:

This letter is written with regard to the notice for 2000 Uniform Business Report that I received in the mail, July 7, 2000. The notice is marked "Second Notice" and I need to inform your office that I never received the first.

This being my first year of business, I would like to note that I was not aware of this report and would ask that you please waive the late fee. I will be happy to pay the usual fee for filing and make sure that I file on time next year.

Thank you for your consideration regarding this matter.

Sincerely,



Pierre A. DeSeve
Allied Tech Services, Inc.