

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90183 036 ***150.00

DOCUMENT # P990000036043

1. Entity Name
BARBARA ALLEN, INC.

Principal Place of Business

**29320 ZELLER AVE.
SAN ANTONIO FL 33576**

Mailing Address

**29320 ZELLER AVE.
SAN ANTONIO FL 33576**

2. Principal Place of Business

2625 TERRA CEIA BAY BLVD.

3. Mailing Address

2625 TERRA CEIA BAY BLVD.

Suite, Apt. #, etc.

#804

Suite, Apt. #, etc.

#804

City & State

PALMETTO, FL

City & State

PALMETTO, FL

Zip

34221

Country

MANATEE

Zip

34221

Country

MANATEE

4. FEI Number **59-3587572**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALLEN, BARBARA
29320 ZELLER AVE.
SAN ANTONIO FL 33576**

7. Name and Address of New Registered Agent

Name **(SAME)**

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

2625 TERRA CEIA BAY BLVD

#804

City

PALMETTO

FL

Zip Code

34221

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, 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

TITLE **P** ☐ Delete
NAME **ALLEN, BARBARA**
STREET ADDRESS **29320 ZELLER AVE**
CITY-ST-ZIP **SAN ANTONIO FL 33576**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **ALLEN, BARBARA**
STREET ADDRESS **2625 TERRA CEIA BAY BLVD., #804**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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: Barbara Allen **BARBARA ALLEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-01 (941) 721-6180
Date Daytime Phone #

CR2E034 (10/00)