

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055461

1. Entity Name

ALLENS METAL FABRICATORS OF FLORIDA, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90033 003 \*\*\*550.00

Principal Place of Business

2413 BAYSHORE BLVD STE 602  
 TAMPA FL 33629

Mailing Address

2413 BAYSHORE BLVD STE 602  
 TAMPA FL 33629

2. Principal Place of Business

202 S 22ND STREET

3. Mailing Address

202 S 22ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 210

SUITE 210

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33605

HILLSBOROUGH



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3585598

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

PRUBAN, J T  
 2413 BAYSHORE BLVD STE 602  
 TAMPA FL 33629

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 D  
 NAME ALLEN, RICKY L  
 STREET ADDRESS 604 HARWOOD  
 CITY-ST-ZIP MEMPHIS TN 38120

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE PRESIDENT  
 NAME CLINT E. ALLEN  
 STREET ADDRESS 5241 KIRKSIDE COVE  
 CITY-ST-ZIP MEMPHIS, TN 38117

☐ Change

☒ Addition

TITLE SECRETARY/TREASURER  
 NAME HILDA B. ALLEN  
 STREET ADDRESS 640 HARWOOD  
 CITY-ST-ZIP MEMPHIS, TN 38120

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

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:

*Ricky Allen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 RICKY ALLEN

9/12/00

Date

1-888-255-3671

Daytime Phone #

CR2E034 (5/00)