

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90454 044 ***150.00

DOCUMENT # P99000060216

1. Entity Name
JOANNE ALLEN, P.A.



Principal Place of Business
**3930 SOUTH ROOSEVELT BLVD., UNIT E-308
KEY WEST FL 33040**

Mailing Address
**P.O. BOX 5223
KEY WEST FL 33045-5223**

2. Principal Place of Business
307 Truman Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Key West, FL

City & State

4. FEI Number **65-0932741**

Applied For
Not Applicable

Zip
33040

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**RITSON, BRUCE
RITSON & COMPANY, P.A.
513 WHITEHEAD STREET
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **Joanne Allen, PST**
Street Address (P.O. Box Number is Not Acceptable)
307 Truman Ave
City **Key West** FL Zip Code **33040**

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 **Joanne Allen, PST** DATE **4/12/03**

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

TITLE **PST** ☐ Delete
NAME **ALLEN, JOANNE**
STREET ADDRESS **3930 SO ROOSEVELT BLVD. #E-308**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Joanne Allen, P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03 305-293-3015
Date Daytime Phone #

CR2E034 (10/02)