

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073109

1. Entity Name  
ALLEN'S SOD, INC.

R

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90007 009 \*\*\*150.00

Principal Place of Business  
11585 U S HWY 441  
BELLEVIEW FL 34420

Mailing Address  
11585 U S HWY 441  
BELLEVIEW FL 34420

2. Principal Place of Business  
8148 SE 147<sup>th</sup> PL.  
Suite, Apt. #, etc.

3. Mailing Address  
8148 SE 147<sup>th</sup> PL.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Summerfield Fla  
Zip 34491 Country Marion

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Zip 34491 Country Marion

4. FEI Number  
59-3599063  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WEEKLEY, ALLEN D  
11585 U S HWY 441  
BELLEVIEW FL 34420

7. Name and Address of New Registered Agent

Name  
WEEKLEY, ALLEN D.  
Street Address (P.O. Box Number is Not Acceptable)  
8148 SE 147<sup>th</sup>  
City Summerfield FL Zip Code 34491

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEKLEY, ALLEN D	
STREET ADDRESS	PO BOX 1694	
CITY-ST-ZIP	BELLEVIEW FL 34421	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	WEKLEY, ANITA R	
STREET ADDRESS	PO BOX 1694	
CITY-ST-ZIP	BELLEVIEW FL 34421	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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)(l), 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:

*Anita R. Wekley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)