

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**  
 05-20-2002 90015 010 \*\*\*150.00

0433791 AV

**DOCUMENT # P99000080486**

1. Entity Name  
**ALLIED NETWORK SERVICES, INC.**

Principal Place of Business  
**5453 N. 59TH ST.  
 TAMPA FL 33610**

Mailing Address  
**PO BOX 79297  
 TAMPA FL 33619-0297**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
**12007 N. BRIGHTWATER BLVD.**

3. Mailing Address  
 Suite, Apt. #, etc.  
**P.O. BOX 79297**

City & State  
**TEMPLE TERRACE, FL 33617**

City & State  
**TAMPA, FL 33619-0297**

Zip Country  
**33617 HILLSBOROUGH**

Zip Country  
**33619-0297 HILLSBOROUGH**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3597885**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WEINBREN, DON B  
 101 E. KENNEDY BLVD., STE 2700  
 TAMPA FL 33602**

**7. Name and Address of New Registered Agent**

Name  
**ELLISON, MARJORIE L.**

Street Address (P.O. Box Number is Not Acceptable)  
**12007 N. BRIGHTWATER BLVD.**

City  
**TEMPLE TERRACE, FL**

Zip Code  
**33617**

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 *Marjorie L. Ellison* **MARJORIE L. ELLISON, PRESIDENT** **4-26-02**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO LEA, MARJORIE 12007 N BRIGHTWATER BLVD TEMPLE TERRACE FL 33617</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO ELLISON, MARJORIE L. 12007 N. BRIGHTWATER BLVD. TEMPLE TERRACE, FL 33617</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marjorie L. Ellison* **MARJORIE L. ELLISON** **4-26-02** **813.985.4019**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)