

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90070 042 ***150.00

0477098

DOCUMENT # P99000100732

1. Entity Name

LLOYD-ALLAN INC.

Principal Place of Business

**3829 HERITAGE OAKS COURT
 OVIEDO FL 32765-9200**

Mailing Address

**3829 HERITAGE OAKS COURT
 OVIEDO FL 32765-9200**

2. Principal Place of Business

3869 BECONTREE PL

3. Mailing Address

3869 BECONTREE PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIEDO, FL

City & State

OVIEDO, FL

Zip

Country

32765

USA

Zip

Country

32765

USA

4. FEI Number

59-3609133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent **9632**

7. Name and Address of New Registered Agent

Name

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

3869 BECONTREE PLACE

City

OVIEDO

FL

Zip Code

32765-

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.

9632

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **ANDERSON, BARON L**
 STREET ADDRESS **3829 HERITAGE OAKS CT**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **BARTON L. ANDERSON**
 STREET ADDRESS **3869 BECONTREE PL**
 CITY-ST-ZIP **OVIEDO, FL, 32765-9632**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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)(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

Date

407.366.9186

Daytime Phone #

CR2E034 (10/00)