

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3869 BECONTREE PL
 Suite, Apt. #, etc.

3. Mailing Address
3869 BECONTREE PL
 Suite, Apt. #, etc.

City & State
OVIEDO FL

City & State
OVIEDO, FL

4. FEI Number **59-3609133**

Applied For
 Not Applicable

Zip **32765** Country **USA**

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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

ANDERSON, BARTON
3829 HERITAGE OAKS COURT
OVIEDO FL 32765-9200

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
 NAME
 STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

Date

407.366.9186

Daytime Phone #

CR2E034 (10/00)