

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90112 039 ***550.00

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1. Entity Name

ALLEN BROTHERS SEAFOOD & TRUCKING, INC.



Principal Place of Business

**344 PATTON DR.
EASTPOINT FL 32328**

Mailing Address

**P.O. BOX 1006
EASTPOINT FL 32328**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3610052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ALLEN, JOHN W SR
420 BLUFF RD.
APALACHICOLA FL 32320**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ALLEN, JOHN SR**
STREET ADDRESS **420 BLUFF RD.**
CITY-ST-ZIP **APALACHICOLA FL 32320**

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

TITLE **VP** ☐ Delete
NAME **ALLEN, JOHN JR**
STREET ADDRESS **424 25TH ST.**
CITY-ST-ZIP **APALACHICOLA FL 32320**

TITLE ☒ Change ☐ Addition
NAME **ALLEN, JOHN JR**
STREET ADDRESS **273 MORRIS CANNON ST.**
CITY-ST-ZIP **APALACHICOLA, FL 32320** (Address Change)

TITLE **ST** ☐ Delete
NAME **ALLEN, ROXIE E**
STREET ADDRESS **420 BLUFF RD.**
CITY-ST-ZIP **APALACHICOLA FL 32320**

TITLE ☐ Change ☐ Addition
NAME **Allen, Roxie E.**
STREET ADDRESS
CITY-ST-ZIP (Spelling Correction only)

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Signature of Roxie E. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/03

850-670-8888

Date

Daytime Phone #

CR2E034 (10/02)