

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90310 024 ***150.00

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DOCUMENT # V50661

1. Entity Name

JOHN ALLEN'S LAWN & GROUNDS MAINTENANCE SERVICE, INC.

Principal Place of Business

**5318 ROYAL OAK DRIVE
TAMPA FL 33610**

Mailing Address

**5318 ROYAL OAK DRIVE
TAMPA FL 33610**

80019427



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5127 10th ST

3. Mailing Address

5127 10th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zephyrhills FLA.

City & State

Zephyrhills Fla.

4. FEI Number

59-3129726

Applied For

Not Applicable

Zip

Country

33540 USA.

Zip

Country

33540 U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, JOHN M JR
5111 OVERTON DR
NEW PORT RICHEY FL 34652**

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.

SIGNATURE **John M. Allen SR. (owner)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-18-02

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: **PD** ☐ Delete
NAME: **ALLEN, JOHN M**
STREET ADDRESS: **5318 ROYAL OAK DRIVE**
CITY-ST-ZIP: **TAMPA FL**

TITLE: **VP** ☐ Delete
NAME: **ALLEN, JOHN M JR**
STREET ADDRESS: **5111 OVERTON DR**
CITY-ST-ZIP: **NEW PORT RICHEY FL 34652**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP:

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: **John M. Allen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02 (813) 390-1285

Date

Daytime Phone #

CR2E034 (9/01)