

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90095 009 ***150.00

DOCUMENT # 495967
1. Entity Name
Allstate Appliance and Air Conditioning, Inc.

Principal Place of Business
4951 E. Adamo Drive
#B-232
Tampa, FL 33605

Mailing Address
4951 E. Adamo Drive
#B-232
Tampa, FL 33605

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
Six Cadillac Drive
 Suite, Apt. #, etc.
Suite 410
 City & State
Brentwood, TN

4. FEI Number
59-2637376

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

6. Name and Address of Current Registered Agent
Pearman, Laura Leavenworth
11201 Kerry Hills Ct.
Riverview, FL 33569

7. Name and Address of New Registered Agent
CT-Corporation-System
 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
 City **Plantation** **FL** Zip Code **33324**

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 Mary R. Adams **MARY R. ADAMS** **ASSISTANT SECRETARY** 04/08/2000
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, 2000 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 PT	<input checked="" type="checkbox"/> Delete
NAME Pearman, Michael Bethel	
STREET ADDRESS 11201 Kerry Hills Ct.	
CITY-ST-ZIP Riverview, FL 33569	
TITLE VS	<input checked="" type="checkbox"/> Delete
NAME Pearman, Laura L.	
STREET ADDRESS 11201 Kerry Hills Ct.	
CITY-ST-ZIP Riverview, FL 33569	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Mishler, James	
STREET ADDRESS 2140 Lake Park Blvd. (5T)	
CITY-ST-ZIP Richardson, TX 75080-2254	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Messel, Scott	
STREET ADDRESS 2140 Lake Park Blvd. (8T)	
CITY-ST-ZIP Richardson, TX 75080-2254	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Dolan, Mark	
STREET ADDRESS 2140 Lake Park Blvd. (5T)	
CITY-ST-ZIP Richardson, TX 75080-2254	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Boaz, Russell	
STREET ADDRESS 2140 Lake Park Blvd. (8T)	
CITY-ST-ZIP Richardson, TX 75080-2254	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Fernandez, Kenneth	
STREET ADDRESS 2140 Lake Park Blvd. (5T)	
CITY-ST-ZIP Richardson, TX 75080-2254	
TITLE AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Franklin, Jennifer	
STREET ADDRESS 2140 Lake Park Blvd. (8T)	
CITY-ST-ZIP Richardson, TX 75080-2254	

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: Jennifer Franklin **Jennifer Franklin** 3-22-00 972-497-6892
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)

195.967

Attachment
00056742

#12 continued

Title D
Name James Mishler
Street Address 2140 Lake Park Blvd.
City-St-Zip Richardson, TX 75080

Change

Addition

Title D
Name Clyde Wyant
Street Address 2140 Lake Park Blvd.
City-St-Zip Richardson, TX 75080

Change

Addition

Title D
Name Carl Edwards, Jr.
Street Address 2140 Lake Park Blvd.
City-St-Zip Richardson, TX 75080

Change

Addition