## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 05, 2002 8:00 am § Secretary of State 540901 DOCUMENT # 1. Entity Name 05-05-2002 90032 039 \*\*\*150 00 ALLSTATE PAINTING OF DEERFIELD, INC. Principal Place of Business Mailing Address 390 N FEDERAL HWY #505 10870 GANTRY STREET DEERFIELD 8CH FL 33441 **BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1753333 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Brown, Robert N. Street Address (P.O. Box Number is Not Acceptable) 10870 GANTRY STREET **BOCA RATON FL 33428** City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition BROWN, ARDIS F NAME NAME 390 N FEDERAL HWY #505 STREET ADDRESS STREET ADDRESS DEERFIELD BCH, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition Brown, Barry H NAME NAME 10870 GANTRY ST STREET ADDRESS STREET ADDRESS **BOCA RATON, FL 00000** CITY-ST-ZIP CITY-ST-ZIP PD TITLE TITLE Delete Change ☐ Addition BROWN, ROBERT N --NAME NAME STREET ADDRESS 10870 GANTRY ST STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED