## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 08, 2000 8:00 am Secretary of State DOCUMENT # F9400003469 1. Entity Name ALLEN INSTALLATION, INC. 03-08-2000 90023 027 \*\*\*150.00 Mailing Address Principal Place of Business 6434 BURNT POPLAR ROAD 6434 BURNT POPLAR ROAD GREENSBORO NC 27409-9712 GREENSBORO NC 27409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 56-1870040 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALLEN, DAVID W Street Address (P.O. Box Number is Not Acceptable) 11351 49TH STREET, NORTH **CLEARWATER FL 34622** Zip Code City ۴L 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 (NOTE: Registered Agent signature required when reinstating). Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. 🛵 (See criteria on back): Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2F034 (9/99) ☐ Addition PD ☐ Delete TITLE Change TITLE NAME ALLEN, THOMAS L STREET ADDRESS STREET ADDRESS 6434 BURNT POPLAR ROAD CITY-ST-ZIP CITY-ST-ZIP GREENSBORO NC 27409 ☐ Addition Change ☐ Delete TITLE TITLE NAME ALLEN, DAVID W STREET ADDRESS STREET ADDRESS 6434 BURNT POPLAR ROAD CITY-ST-7IP CITY-ST-ZIP **GREENSBORO NC 27409** ☐ Change ☐ Addition ☐ Delete TITLE TITLE ALLEN, JAMES C NAME NAME STREET ADDRESS STREET ADDRESS 6434 BURNT POPLAR ROAD CITY-ST-ZIP CITY-ST-ZIP GREENSBORO NC 27409 Change ☐ Addition ☐ Delete TITLE TITLE VAST NAME NAME ALLEN, JOHN H STREET ADDRESS STREET ADDRESS 6434 BURNT POPLAR ROAD CITY-ST-ZIP CITY-ST-ZIP **GREENSBORO NC 27409** Delete Change ☐ Addition TITLE NAME **HAME** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHANNA M. VAN ZEE 1/28/00

336-668-2791

Daytıme Phone #