

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90195 009 ***150.00

DOCUMENT # F97000001506

1. Entity Name
ALLSTATES TECHNICAL SERVICES, INC.



Principal Place of Business
2200 WOODCREST PL. STE. 300
BIRMINGHAM AL 35209

Mailing Address
2000 INTERNATIONAL PARK DR.
BIRMINGHAM AL 35243

2. Principal Place of Business
2000 INTERNATIONAL PARK

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BIRMINGHAM AL

City & State

4. FEI Number **63-0993158**

Applied For
Not Applicable

Zip
35243

Country
USA

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODRICH, T.M. 3320 DELL RD. BIRMINGHAM AL 35223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RUBAR, WILLIAM H 139 DEERWOOD LAKE DR HARPERSVILLE AL 35078	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASSADY, G.E. 902 LINWOOD RD. BIRMINGHAM AL 35222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOEHL, DOUG M 108 MONTEVALLO LANE BIRMINGHAM AL 35213	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SMITH, C.M. 2318 TWELVE OAKS DRIVE BIRMINGHAM AL 35244	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO EDMONDS, BRYSON G 3456 CLIFF ROAD BIRMINGHAM AL 35205	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

VP-FINANCE
JIM DANIEL
2000 INTERNATIONAL PARK DR.
BIRMINGHAM AL 35243

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: X **SIGNATURE REQUIRED** **DOUG M JOEHL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-03 **205-972-6000**
Date Daytime Phone #

CR2E034 (10/02)