2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900000183													
1. Entity Name ALLSTATE BUILDING SYSTEMS, L.C.								FILED SECRETARY OF STATE					
									DIVISION OF COR	PORATIO	IIIS		
Principal Place of Business Mailing Address									00 FEB 22 P	M 12: 0	9		
% WILLIAM H. MORRISON, ESQ. % WILLIAM H. MORRISON,											~		
7100 SOUTH U.S. HIGHWAY 17-92 7100 SOUTH U.S. HIGHWAY FERN PARK FL 32730 FERN PARK FL 32730-2044													
2377 LAKE DEBRA DRIVE 3. Mailing Address -P.O. BOX 690688								I	()()() () () () () () () () ()	EIII BBIII BB(II	90)); 60)8())80)	I DI BUD I I I I I I I I I I I I I I I I I I I	
Suite, Apt. #, etc. Suite, Apt. #, etc.									DO NOT WR	ITE IN THIS	SPACE		
#1914 City & State		City & State				4. FEI N				oplied For	7		
ORLANDO, FL				ORLANDO, FL					-3553404	····		ot Applicable	-
^{Zip} 32835	Zip Country 32835 USA					intry ISA		5. Certif	icate of Status Desired		\$5.00 Add Fee Require		
6. Name and Address of Current Reg									and Address of New	Registered	Agent		1
MORRISON, WILLIAM H								(DAILEY					
7100 SOUTH U.S. HIGHWAY 17-92						Street A	ddress (P 2377	20. Box Nu LAKE I	umber is Not Acceptabl	e) #1914			
FERN PARK FL 32730											-		
						City	- DRLANI	DO		Fl	Zip Cod 3283	e 5	1
8. The above named entity submits this statement for the purpose of changing its registered office or registered									or both, in the State of F	orida.		÷	1
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						FEE IS \$		بالمعادية ويراجر	mf31211	JU			
				Make Check Pa	yable t	o Departi	ment of	State	• 05.				
9. MANAGING MEMBERS/MEMBERS									ADDITIONS	/CHANGE			-
TITLE NAME	MGR The Boston Alley, BOB					E ~!	BOB	DAILF	.v		X Change	Addition)0/b/
STREET ADDRESS	7100 SOUTH U.S. HIGHWAY 17-92					ET ADDRESS	2377	7 LAKE	DEBRA DRIVE	, #191	4		CR2F083 (9/99)
CITY-ST-ZIP TITLE	FERN PARK FL 32730					- ST-ZIP	<u>ORL</u> A MGR	WDO,	<u>FL 32835</u>		Change	Addition	
NAME	-					E		I ANDR	EW DAILEY		L.J	~	
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, TITLE					тпи	L		- -	FL 32835		Change	Addition	1
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NAME STREET ADDRESS					NAM Stre	E Et addre ss }	ļ						
CITY-\$T-ZIP					CITY	- ST- ZIP							
 I hereby c indicated 	certify that the on this report	information supplied with t is true and accurate and	this filir that my	ng does not qualify for signature shall have t	the exe he same	mption stat	ted in Sec ct as if ma	ction 119.0 ade under	07(3)(i), Florida Statutes oath; that I am a mana	I further ce ging memb	ertify that the internation	nformation er of the	
limited lial	bility company	y of the receiver or trustoe	empov	vered to execute this r	eport as	required b	by Chapte	er 608, Flo	rida Statutes.				
SIGNAT		Think	Sit	e Reoni	ing sin k	ANDY I			alala				
JUNIAI		SIGNATORE AND TYPED OR PRIM	TEDINAN	E OF SIGNING MANAGING				· · · · · ·	Dati		Daytime Phone #		1

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER