

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90703 049 ***150.00

DOCUMENT # P00000096603

1. Entity Name

ALLSTATE CAPITAL CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11891 SE 176TH PL RD

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 45

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUMMERFIELD, FL

City & State

TAVARES, FL

4. FEI Number

69-3675312

Applied For

☒ Not Applicable

Zip

34491

Country

USA

Zip

32778

Country

USA

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

7. Name and Address of Current Registered Agent

Name

HARRY R. THOMPSON

Street Address (P.O. Box Number is Not Acceptable)

11891 SE 176TH PL RD

City

SUMMERFIELD

FL

Zip Code

34491

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
HARRY R. THOMPSON
11891 SE 176TH PL RD
SUMMERFIELD, FL 34491

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY R. THOMPSON **HARRY R. THOMPSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

Date

352 307 3480

Daytime Phone #

CR2E034B (12/01)