2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P0000096898 Jul 12, 2001 8:00 am **Secretary of State** ALLSTATE PROCESSING, INC. 03-15-2001 90020 016 ***150.00 Mailing Address Principal Place of Business 1425 VIEWTOP DR. 1425 VIEWTOP DR. CLEARWATER FL 33764 CLEARWATER FL 33764 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. II, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State <u>59-3680290</u> Not Applicable Country Zip Country \$8.75 Additional Ζiρ 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARRETT, TERESA L Street Address (P.O. Box Number is Not Acceptable) 1425 VIEWTOP DR. **CLEARWATER FL 33764** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tale if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001, Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Delete TITLE TITLE NAME NAME BARRETT, TERESA L STREET ADDRESS STREET ADDRESS 1425 VIEWTOP DR. CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33764** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-23P CIFY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

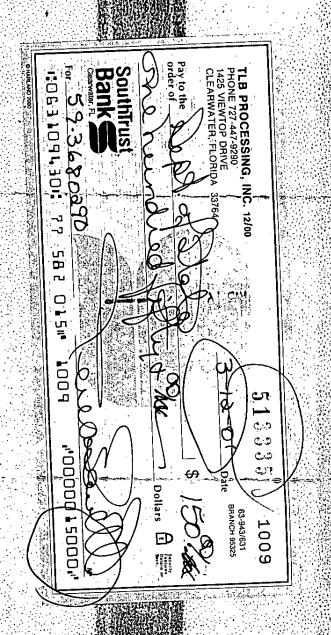
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empewered 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 empow

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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T.S. CHECHELE, P.A. 5625 CENTRAL AVENUE ST. PETERSBURG FL 33710 727-381-6007 TLB Processing, Inc.

INSTRUCTIONS FOR FILING 2000 FEDERAL FORM 1120S

.Your tax obligation is exactly met. No additional tax is due.

.An officer must sign the return.

.Mail your return on or before MARCH 15 2001 to:

INTERNAL REVENUE SERVICE ATLANTA, GA 39901-0013

INSTRUCTIONS FOR FILING 2001 FLORIDA INTANGIBLE TAX

.Your tax obligation is exactly met. No additional tax is due.

An officer must sign the return.

.Mail your return on or before JUNE 30 2001 to:

FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE STREET TALLAHASSEE FL 32399-0140

INSTRUCTIONS FOR FILING 2000 FLORIDA FORM F-1120

.Your tax obligation is exactly met. No additional tax is due.

.An officer must sign the return.

Mail your return on-or before APRIL 2,2001 to:

FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE STREET TALLAHASSEE FL 32399-0135

INSTRUCTIONS FOR FILING 2001 UNIFORM BUSINESS REPORT

. Enclose a check payable to Florida Department of State for \$150.00

. An officer must sign the return

. Mail the return on or before May 1,2001 to:

DIVISON OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500