

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90072 009 ***150.00

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

DOCUMENT # P01000086898
 1. Entity Name
 Allstar Contractors, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 12230 Saylor Rd.
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 10
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Baltimore, OH

City & State
 Pickerington, OH

4. FEI Number
 31-1799036

Applied For
 Not Applicable

Zip
 43105

Country

Zip
 43147

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 A1A CORPORATE SERVICES INC.

Street Address (P.O. Box Number is Not Acceptable)
 218 SOUTHERN COUNTRY LANE

City QUINCY FL Zip Code 32351

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 *Paul Smith* Paul Smith, President 4-30-02
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	D, P, S, T Jason G. Clark 12230 Saylor Rd. Baltimore, OH 43105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(f), 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: *Jason Clark* JASON CLARK 4-18-02 614-419-1909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)