

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000082015

1. Entity Name
ALLSTATE WINDOW TINT & VERTICALS, INC.



Principal Place of Business
813 N STATE ROAD 7
HOLLYWOOD, FL 33021

Mailing Address
813 N STATE ROAD 7
HOLLYWOOD, FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062004

Chg-P

CR2E034 (10/03)

4. FEI Number 65-0493741
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHEIBLICH, LESLIE
813 N STATE ROAD 7
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name Henry Adorno
Street Address (P.O. Box Number is Not Acceptable)
813 N STATE RD 7
Hollywood FL
City FL Zip Code 33021

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

7/7/04
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME SCHEIBLICH, LESLIE
STREET ADDRESS 813 N STATE ROAD 7
CITY-ST-ZIP HOLLYWOOD, FL 33021 ☒ Delete

TITLE D
NAME ADORNO, HENRY
STREET ADDRESS 813 N. ST RD 7
CITY-ST-ZIP HOLLYWOOD, FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME Henry Adorno
STREET ADDRESS 813 N STATE RD 7
CITY-ST-ZIP Hollywood FL 33021 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/04
Date

954-963-9877
Telephone Number

FILED
04 JUL -9 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3/10/04 90470 007 150
[Barcode]