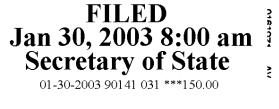
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# PU  1. Entity Name  ALLSTATE WINDOW TINT & V			
Principal Place of Business	Mailing Address	<u>)                                    </u>	
813 N STATE ROAD 7	813 N STATE ROAD 7		
HOLLYWOOD FL 33021	HOLLYWOOD FL 33021		
A Defected Bloom of Decisions	2 Mailian Addrson		



ALLSTATE WINDOW TINT & VERTICALS, INC.			THE STATE OF THE S						
Principal Place of Business 813 N STATE ROAD 7 HOLLYWOOD FL 33021  Mailing Address 813 N STATE ROAD 7 HOLLYWOOD FL 33021									
2. Principal F	Place of Business	3. Mai	iling Address			1 (1884) 1884 (1814 1884) 1884 (1884) 1884 (1884) 		il libbi alil 1991	
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF M	AKING CNANGE	S			
City & Stat	te	City & State		4.	FEI Number	<b>⊢</b>	Applied For		
Zip	Country	Zip:		Country	->= - 5.	Certificate of Status Desired [	\$8.75 A	dditional	
	6. Name and Address of Currer	nt Registere	ed Agent		7.	Name and Address of New Regis		Teu .	
				Name					
SCHEIBLICH, LESLIE 813 N STATE ROAD 7		Street A	Street Address (P.O. Box Number is Not Acceptable)						
HOLLYWO	OOD FL 33021			City			FL Zip Co	ode	
	e named entity submits this statement tions of registered agent.	for the purp	oose of changing its r	registered office of	or registered a	gent, or both, in the State of Florida.		n, and accept	
ine conga	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered age	nt and title if app	plicable. (NOTE:	Registered Agent signa	ture required when	reinstating)	DATE		
						, and the same of			
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department					Election Campaign Financia     Trust Fund Contribution.		.00 May Be ed to Fees	
10.	OFFICERS AN	D DIRECTO	RS	11.	Al	DDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 11	
TITLE	PSTD		☐ Delete	TITLE	Dine	Ector	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SCHEIBLICH, LESLIE 813 N STATE ROAD 7 HOLLYWOOD FL 33021			NAME STREET ADDRESS CITY-ST-ZIP		ey Adorno.			
TITLE			☐ Delete	TITLE	77100	D, FC. 330 H.	Change	Addition	
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NAME				NAME			<u> </u>		
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NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP		the state CC	Manager - CE - 7	CITY-ST-ZIP	1 C = 1	440.07(0)() []			
i i nereby of	certify that the information supplied wi	in this filing	does not quality for t	me exemption sta	itea in Section	່ງ ເອ.ບ/(ູສ)(ເ), Florida Statutes. I furth	er certify that the	intermation	

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: