

2000 UNIFORM BUSINESS REPORT (UBR)

5/1/00 00000 012 0150 00 0150 00

DOCUMENT # P95000081253

1. Entity Name

ALLSTATE EXTERIORS, INC.

R

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-03-2000 90092 012 ***150.00

Principal Place of Business

6901 22ND AVE NA
ST PETE 33 34682-0043
US

Mailing Address

POB 43
PALM HARBOR FL 34682-0043
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3337904

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAILORS, DAVID G

~~P.O. BOX 43
Palm Harbor FL 34682-0043~~

Name David SAILORS

Street Address (P.O. Box Number is Not Acceptable)
3302 W. D.M.L.R. Blvd #1081

City Tampa

FL Zip Code 34607

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SAILORS, DAVID
STREET ADDRESS P.O. BOX 43 NA
CITY-ST-ZIP PALM HARBOR FL 34682-0043

☐ Delete

TITLE ST
NAME SAILORS, ELSA
STREET ADDRESS P.O. BOX 43 NA
CITY-ST-ZIP PALM HARBOR FL 34682-0043

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 empowered 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELSA SAILORS

3/20/00

727 302 0046

Date

Daytime Phone #