

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


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91041 012 ***150.00

04-10-2004 AV

DOCUMENT # P01000046604

1. Entity Name
ALL MAINTENANCE SERVICES, INC.



Principal Place of Business
**15950 BAYSIDE POINTE W., UNIT 508
FORT MYERS FL 33908**

Mailing Address
**15950 BAYSIDE POINTE W., UNIT 508
FORT MYERS FL 33908**



2. Principal Place of Business
1129 N TOWN AND RIVER

3. Mailing Address
1129 N TOWN AND RIVER

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

4. FEI Number **30-0031431**

Applied For
 Not Applicable

Zip **33919** Country

Zip **33919** Country

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

6. Name and Address of Current Registered Agent

GRIFFITH, JEFF
15950 BAYSIDE POINTE W., UNIT 508
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name
GRIFFITH, JEFF

Street Address (P.O. Box Number is Not Acceptable)
1129 N TOWN AND RIVER

City **FORT MYERS** FL Zip Code **33919**

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]* DATE **4-17-03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, JEFF 15950 BAYSIDE POINTE W., UNIT 508 FORT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, JEFF 1129 N TOWN AND RIVER FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** DATE: **4/15/03** DAYTIME PHONE #

CR2E034 (10/02)