

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

02-13-2003 90256 036 ***150.00



DOCUMENT # P02000110228

1. Entity Name
ALL SERVICES ETC., INC.

Principal Place of Business
**1952-1 PARK MEADOWS DR
FT MYERS FL 33907**

Mailing Address
**1952-1 PARK MEADOWS DR
FT MYERS FL 33907**

00000000 *Handwritten initials*



2. Principal Place of Business
7181 COLLEGE PARKWAY

3. Mailing Address
7181 COLLEGE PARKWAY

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
SUITE 30

Suite, Apt. #, etc.
SUITE 30

City & State
FORT MYERS FL

City & State
FORT MYERS FL

4. FEI Number
51-0433806

Applied For
 Not Applicable

Zip
33907

Country
USA

Zip
33907

Country
USA

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

POLIZI, BRUNO
1952-1 PARK MEADOWS DR
FT MYERS FL 33907

Name **POLIZI, BRUNO**
Street Address (P.O. Box Number is Not Acceptable)
7181 COLLEGE PARKWAY / SUITE 30
City **FORT MYERS** FL Zip Code **33907**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D POLIZI, BRUNO**
STREET ADDRESS **1952-1 PARK MEADOWS DR**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE Change Addition
NAME **POLIZI, BRUNO**
STREET ADDRESS **7181 COLLEGE PARKWAY / SUITE 30**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE Delete
NAME **D CANELA, JEROME**
STREET ADDRESS **1952-1 PARK MEADOWS DR**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE Change Addition
NAME **D CANELA, JEROME**
STREET ADDRESS **7181 COLLEGE PARKWAY / SUITE 30**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE Delete
NAME **D POLIZI, MARCO**
STREET ADDRESS **15621 RED FOX RUN DR**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Date **1/29/03**

Daytime Phone #