

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047024

1. Entity Name
ALL KINDS OF SERVICES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90338 049 ***150.00

Principal Place of Business
12764 WILDERNESS LANE WEST
JACKSONVILLE FL 32258-2153

Mailing Address
12764 WILDERNESS LANE WEST
JACKSONVILLE FL 32258-2153

60040002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		NOT APPLICABLE		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						<input checked="" type="checkbox"/> Not Applicable	
City & State		City & State							
Zip	Country	Zip	Country					5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SNOWDEN, HARLEY V 12764 WILDERNESS LANE WEST JACKSONVILLE FL 32258-2153				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				Zip Code 32258			

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 *Harley V. Snowden* owner/President 4/23/01 X
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, 2001 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	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARLEY V. SNOWDEN			NAME			
STREET ADDRESS	12764 WILDERNESS LN. W.			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32258			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 *Harley V. Snowden* Harley V. Snowden 4/23/01 1-800-968-2214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)