


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90101 008 ***158.75

DOCUMENT # 581395

1. Entity Name
ALL ELECTRIC & LIGHTING SERVICE, INC.



Principal Place of Business
**423 LORENZO DR.
SPRING HILL FL 34609
US**

Mailing Address
**P.O. BOX 15002
BROOKSVILLE FL 34609
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CRIMI, STEVEN J
423 LORENZO DR
SPRING HILL FL 34609**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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	P	<input type="checkbox"/> Delete
NAME	CRIMI, STEVEN J	
STREET ADDRESS	423 LORENZO DR	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	O	<input type="checkbox"/> Delete
NAME	CRIMI, CORINE	
STREET ADDRESS	423 LORENZO DR	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 or without other like empowered.

SIGNATURE: *Corine Crimi* **SIGNATURE REQUIRED** *CORINE CRIMI* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date *4-24-03* Daytime Phone # *352-666-3946*

CR2E034 (10/02)

Attachment

80140055
581395

ALL ELECTRIC & LIGHTING SERVICE INC.

**PO BOX 15002
BROOKSVILLE, FLORIDA 34604
(352)666-3946 FAX (352)666-3964**

August 19, 2003

FLORIDA DEPRATMENT OF STATE
DIVISION OF CORPORATIONS

RE: CORPTATE FILING
DOCUMENT #: 581395

To Whom It May Concern:

On April 24, 2003, I filed our UBR online. I am now being told that you did not receive our filing before the deadline. I would like to see if we could waive the late fees due to some kind of error. If you look at our record, we have never filed late before, and we have been filling on line for the last few years. I have made a copy of the check that was to be used and the online copy of the filing. I have also enclosed a new check to cover the original filing fees. I appreciate your cooperation in this matter.

Sincerely,



Corine Crimi
Sec/Treas.

All Electric & Lighting Service, inc.

Attachment

#581395



Online Payment System

Please Confirm Billing Information

Transaction Amount: **\$158.75**

Email Address: **sparkstopper@yahoo.com**
Billing Name: **ALL ELECTRIC LIGHTING SERVICE INC**
Billing Address: **PO BOX 15002**
Billing City: **BROOKSVILLE**
Billing State: **FL**
Billing Zip: **34604-**
Billing Phone Number: **352-666-3946**

Check Number: **4690**
Bank Routing Number: **063102152**
Bank Account Number: **01113104261**

Important Notice: Clicking the "Pay Now" button below more than one time may result in multiple charges to your account. Please click on the "Pay Now" button only one time. Please be patient. Your order is being processed.



[Back](#)

[Pay Now](#)

Attachment

80140955

#581395

ALL ELECTRIC & LIGHTING SERVICES, INC. P.O. BOX 15002 BROOKSVILLE, FLORIDA 34604		4690
PAY TO THE ORDER OF <i>Depotul obay</i>		DATE <i>V-2402</i>
<i>VOZO</i>		\$ <i>158.75</i>
SUNTRUST BANK ORLANDO, FL 32802		DOLLARS  <small>Security Features Included</small>
FOR		MP