

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 581395

1. Entity Name

ALL ELECTRIC & LIGHTING SERVICE, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90039 013 ***150.00

Principal Place of Business

5295 CULBREATH RD.
BROOKSVILLE FL 34601
US

Mailing Address

5295 CULBREATH RD
BROOKSVILLE FL 34601-5718
US

2. Principal Place of Business

2415 DESTINY WAY

3. Mailing Address

2415 DESTINY WAY

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

ODESSA, FL

City & State

ODESSA, FL

4. FEI Number

59-1844123

Applied For

Not Applicable

Zip

33556

Country

PRASCO

Zip

33556

Country

PRASCO

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

6. Name and Address of Current Registered Agent

CRIMI, STEVEN J
5295 CULBREATH RD.
BROOKSVILLE FL 34601

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.

SIGNATURE

Steven J. Crimi
Signature, typed or printed name of registered agent and title if applicable.

STEVEN J. CRIMI
(NOTE: Registered Agent signature required when reinstating)

4-17-2000
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

TITLE	P	<input type="checkbox"/> Delete
NAME	CRIMI, STEVEN J	
STREET ADDRESS	5295 CULBRAETH RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	O	<input type="checkbox"/> Delete
NAME	CRIMI, CORINE	
STREET ADDRESS	5295 CULBREATH RD	
CITY-ST-ZIP	BROOKSVILLE FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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
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
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:

Corine Crimi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORINE CRIMI

Date

Daytime Phone #

4-17-2000 (727) 375-8822

CR2E034 (9/99)