

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90161 002 \*\*\*150.00

**DOCUMENT # 606189**

1. Entity Name  
**ALL CAR SERVICES, INC.**



Principal Place of Business  
**3990 N COURTENAY PKWY  
MERRITT ISLAND FL 32953  
US**

Mailing Address  
**3990 N COURTENAY PKWY  
MERRITT ISLAND FL 32953  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1884359**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLLAR, MARY L  
12012 LAKE CYPRESS CIRCLE  
#204C  
ORLANDO FL 32828**

*new address*

Name **HOLLAR, MARY L.**

Street Address (P.O. Box Number is Not Acceptable) **1219 SHOW DRIVE**

City **ORLANDO**

FL

Zip Code **32828**

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 *Mary Hollar* **MARY HOLLAR**

*2-5-03*

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	PD	<input type="checkbox"/> Delete
NAME	HOLLAR, MARVIN	
STREET ADDRESS	12012 LAKE CYPRESS CIRCLE, #204C	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	VST	<input type="checkbox"/> Delete
NAME	HOLLAR, MARY L.	
STREET ADDRESS	12012 LAKE CYPRESS CIRCLE, #204C	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLAR, ROB	
STREET ADDRESS	4106 IVEYGLEN AVE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: *Mary Hollar* **MARY HOLLAR** *2-5-03* **321-453-6969**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)