

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001275

1. Entity Name
ALL IN ONE BUILDING SERVICES, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90221 001 *****8.75
05-17-2001 90221 002 ***150.00

Principal Place of Business
7501 ULMERTON ROAD, #521
LARGO FL 33771

Mailing Address
7501 ULMERTON ROAD, #521
LARGO FL 33771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11861 34th ST.
Suite, Apt. #, etc.

3. Mailing Address
11861 34th ST.
Suite, Apt. #, etc.

City & State
St. Petersburg FL
Zip
33716
Country

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St. Petersburg FL
Zip
33716
Country

4. FEI Number
59-3625502
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOMBAY, ANA L
7501 ULMERTON ROAD, #521
LARGO FL 33771

7. Name and Address of New Registered Agent

Name
ANA L. Bombay
Street Address (P.O. Box Number is Not Acceptable)
11861 34th ST
~~ST. PETERSBURG, FL 33771~~
City
ST. PETERSBURG FL Zip Code
33716

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 ANA L. Bombay ANA L. Bombay 4/20/01
(Signature, typed or printed name of registered agent and date 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
BOMBAY, ANA L
7501 ULMERTON ROAD, #521
LARGO FL 33771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0372888