

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K09650

1. Entity Name

ALL ENERGY SERVICES COMPANY, INC.

Principal Place of Business

5820 SW 87TH AVE
COOPER CITY FL 33328
US

Mailing Address

5820 87TH AVE
COOPER CITY FL 33328
US

2. Principal Place of Business

5820 SW 87TH AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

COOPER CITY, FL

City & State

Zip

33328

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

EILEEN LIPP
1522 WHITEHALL DR 202
FT. LAUDERDALE FL 33324

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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LIPP, GEORGE	
STREET ADDRESS	5820 SW 87TH AVE.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LIPP, FRANCES	
STREET ADDRESS	13730 SW 90 AVE., #E	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LIPP, LISA	
STREET ADDRESS	5820 SW 87TH AVE.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LIPP, EILEEN	
STREET ADDRESS	1522 WHITEHALL DR. #202	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90039 008 ***150.00

004040



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0063260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)