2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P.O. BOX 8963

P00000034685 **DOCUMENT #**

1. Entity Name

Principal Place of Business

7160 SW 10TH CT.

ALL AROUND VACUUM AND AIR, INC.



FILED Apr 03, 2003 8:00 am Secretary of State

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|---|---|----------------------------|------------------------|-------------|-------------------------|--------------|---|-------------|--|------------------|----------------|---------------------------------|--|
| City & State Country S. Certificate of Status Desired S. Refixed Address of Current Registered Agent 7. Name and Address of New Registered Agent Nome Street Address (P.O. Box Number is Not Acceptable) Street Add | 2. Principal Place of Business | | | | 3. Mailing Address | | | | 7 08 100 111 08 11 80 11 08 11 30 30 | } | | 3101 0 113 1 06 3 | |
| Zp Country Zp Country 6. Certificate of Status Desired S 98.75 Additional Zp REVES, B.J. 6. Name and Address of Current Registered Agent 7. Name and Address of Nort Acceptable) REEVES, B.J. REEVES, B.J. REEVES, B.J. Street Address (PO. Box Number is Nort Acceptable) Date FILE Now!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Crieck Payable to Florida Department of State OFFICERS AND DIRECTORS IN 11 North Make Street Address (PO. Box Number is Nort Acceptable) Street Address (PO. Box Number is Nort Acceptable) Date North Make Street Address (PO. Box Number is Nort Acceptable) Street Address (PO. Box Number | Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nome Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. Dip 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 acceptable in the collegations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the collegation of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the collegation of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the collegation of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the collegation of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the collegation of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the collegation of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the collegation of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the collegation of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the collegation of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the collegation of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the collegation of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the collegation of registered agent. Or both, in the State of Florida. I am familiar with, and acceptable in the collegation of registered agent. | City & State | | | | City & State | | | 4. | hh-11114(41/ | | | | |
| REEVES, B.J. 6585 TAFT ST., SUITE 102 HOLLYWOOD FL 33024 City FL City FL City FL Zip Code City Addition City A | Zip | | Zip | Zip Country | | | 5. | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 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 acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable i | | 6. Name | and Address of Current | Registere | ed Agent | | | 7. i | Name and Address of New Regis | stered Ag | jent | | |
| 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 control of t | | - | 04 | | | | Officer Addieso (1.0. Dox Addiesors Not Addiesors | | | | | | |
| In the obligations of registered agent. SIGNATURE Signature, types or prient name of registered agent and title if applicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Crieck Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 WP RIVERA, DEBRA STREET ADDRESS OTIV-S1-ZP FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Crieck Payable to Florida Department of State ITILE WP RIVERA, DEBRA STREET ADDRESS OTIV-S1-ZP FINE NAME STREET ADDRESS OTIV-S1-ZP FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Crieck Payable to Florida Department of State ITILE PRIVERA, DEBRA STREET ADDRESS OTIV-S1-ZP FILE NOW!!! FEE IS \$150.00 Additional Control of State In Itilia Control of State | • | r. | •• | | | ٠ | City | FL Zip Code | | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP PROBLEM NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY | FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 | | | | | | | | Trust Fund Contribution. | | Added | to Fees | |
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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: