

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90131 042 ***150.00

DOCUMENT # P00000069001

1. Entity Name

ALL SPECIALTY SERVICES, INC.

Principal Place of Business

**345 MISSION OAK DR.
MELBOURNE FL 32940**

Mailing Address

**345 MISSION OAK DR.
MELBOURNE FL 32940**

2. Principal Place of Business

2819 Nobility Ave.
Suite, Apt. #, etc.

3. Mailing Address

2819 Nobility Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne, Florida

City & State

Melbourne, Florida

4. FEI Number

59-3659556

Applied For

Not Applicable

Zip

32934

Country

USA

Zip

32934

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCMILLAN, NONA
345 MISSION OAK DR.
MELBOURNE FL 32940**

7. Name and Address of New Registered Agent

Name

Nona McMillan

Street Address (P.O. Box Number is Not Acceptable)

2819 Nobility Ave.

City

Melbourne

FL

Zip Code

32934

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 **Nona McMillan**
Signature, typed or printed name of registered agent and title if applicable

Nona McMillan
(NOTE: Registered Agent signature required when reinstating)

4-11-02
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, 2002 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 **PD** ☐ Delete
NAME **HAWKINS, NEWLIN R**
STREET ADDRESS **345 MISSION OAK DR.**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **VSD** ☐ Delete
NAME **MCMILLAN, NONA**
STREET ADDRESS **345 MISSION OAK DR.**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2819 Nobility Ave.**
CITY-ST-ZIP **Melbourne, FL 32934**

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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: **Nona McMillan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02
Date

321-254-0107
Daytime Phone #

CR2E034 (9/01)