

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90045 016 \*\*\*158.75

00101

**DOCUMENT # P00000110716**

1. Entity Name  
**ALL AND MORE, INC.**

Principal Place of Business <b>1448 COLLINGSWOOD AVE. MARCO ISLAND FL 34145</b>	Mailing Address <b>1448 COLLINGSWOOD AVE. MARCO ISLAND FL 34145</b>
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2. Principal Place of Business <b>SAME AS ABOVE</b>	3. Mailing Address <b>SAME AS ABOVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**LIY, ANADENIA**  
**1448 COLLINGSWOOD AVE.**  
**MARCO ISLAND FL 34145**

**7. Name and Address of New Registered Agent**

Name **CRISOFORO AYALA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2036 50 ST. SW.**  
 City **NAPLES** FL Zip Code **34116**

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 **CRISOFORO AYALA** DATE **3-16-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>LIY, ANADENIA</b>	
STREET ADDRESS <b>1448 COLLINGSWOOD AVE.</b>	
CITY-ST-ZIP <b>MARCO ISLAND FL 34145</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CRISOFORO AYALA</b>	
STREET ADDRESS <b>2036 50 ST. SW.</b>	
CITY-ST-ZIP <b>NAPLES, FL 34116</b>	
TITLE <b>M</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PATRICK FRALEY</b>	
STREET ADDRESS <b>3173 HARVESTON LOOP</b>	
CITY-ST-ZIP <b>HOLIDAY, FL 34691</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RENE PERDOMO</b>	
STREET ADDRESS <b>1940 43 ST. SW</b>	
CITY-ST-ZIP <b>NAPLES, FL 34116</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JAVIER GONZALEZ</b>	
STREET ADDRESS <b>550 N. 19 ST. LOT 85</b>	
CITY-ST-ZIP <b>IMMOKALEE, FL 34142</b>	
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: **CRISOFORO AYALA** DATE **3-16-01** DAYTIME PHONE # **(941) 269-0999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)