

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90084 012 \*\*\*158.75

**DOCUMENT # P0000110716**

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

Principal Place of Business  
**1448 COLLINGSWOOD AVE.  
 MARCO ISLAND FL 34145**

Mailing Address  
**1448 COLLINGSWOOD AVE.  
 MARCO ISLAND FL 34145**

2. Principal Place of Business  
*SAME AS ABOVE*

3. Mailing Address  
*SAME AS ABOVE*

City & State

City & State

4. FEI Number  
**593690093 APPLIED FOR**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

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

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

**CRISOFORO, AYALA  
 2036 50 ST. SW  
 NAPLES FL 34116**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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**

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

TITLE  Delete  
 NAME **P CRISOFORO, AYALA**  
 STREET ADDRESS **2036 SO ST. SW**  
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **M FRALEY, PATRICK**  
 STREET ADDRESS **3173 HARVESTON LOOP**  
 CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D PERDOMO, RENE**  
 STREET ADDRESS **1940 43 ST. SW**  
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D GONZALEZ, JAVIER**  
 STREET ADDRESS **550 N 19 ST LOT 85**  
 CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 Date (941) 269-0999 Daytime Phone #

B0110340



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)