

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000010951

1. Entity Name

ALL RIGHT PROFESSIONAL SERVICES, INC.

Principal Place of Business

4710 SW 199TH AVENUE  
SOUTH WEST RANCHES FL 33332

Mailing Address

4710 SW 199TH AVENUE  
SOUTH WEST RANCHES FL 33332

2. Principal Place of Business

4474 WESTON RD

3. Mailing Address

4474 WESTON ROAD

Suite, Apt. #, etc.

SUITE 135

Suite, Apt. #, etc.

SUITE 135

City & State

DAVIE, FLORIDA

City & State

DAVIE FLORIDA

Zip

33331

Country

U.S.A.

Zip

33331

Country

USA

4. FEI Number

65-1081440

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

HOLLINGSWORTH, NEWELL ALAN  
4710 SW 199TH AVENUE  
SOUTH WEST RANCHES FL 33332

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DPST HOLLINGSWORTH, NEWELL ALAN 4710 SW 199TH AVENUE SOUTH WEST RANCHES FL 33332	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

954-434  
0555