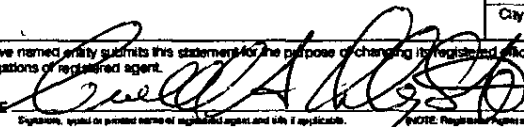
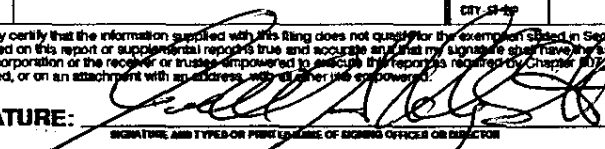


FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90209 014 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000010951 1. Entity Name ALL RIGHT PROFESSIONAL SERVICES, INC.		
Principal Place of Business 4474 WESTON RD SUITE 135 DAVIE, FL 33331		
Mailing Address 4474 WESTON RD SUITE 135 DAVIE, FL 33331		
2. Principal Place of Business #104 15751 SHERIDAN ST. Suite, Apt. #, etc. #104 City & State SOUTHWEST RANCHES FL Zip 33331 Country BROWARD		3. Mailing Address #104 15751 SHERIDAN ST. Suite, Apt. #, etc. #104 City & State SOUTHWEST RANCHES FL Zip 33331 Country BROWARD
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  NEWELL A. HOLLINGSWORTH 4/13/03 DATE		
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE DPST ☐ Delete NAME HOLLINGSWORTH, NEWELL ALAN STREET ADDRESS 4710 SW 199TH AVENUE CITY-ST-ZIP SOUTH WEST RANCHES, FL 33332		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
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
12. 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 reports 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 the reports required by Chapter 102, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without the empowerment.		
SIGNATURE:  4/13/03 954-434-0555 DATE		

90090786



X CHECK HERE IF MAKING CHANGES

CR2034 (10/02)