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.

90090786

Principal Place of Business	Mailing Address
4474 WESTON RD SUITE 135 DAVIE, FL 33331	4474 WESTON RD SUITE 135 DAVIE, FL 33331

2. Principal Place of Business	3. Mailing Address
#104 15751 SHERIDAN ST.	#104. 15751 SHERIDAN ST.
Suite, Apt. #, etc. #104	Suite, Apt. #, etc. #104
City & State SOUTHWEST RANCHES FL	City & State SOUTHWEST RANCHES FL
Zip 33331 Country BROWARD	Zip 33331 Country BROWARD

☒ CHECK HERE IF MAKING CHANGES

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 [signature] NEWELL A. HOLLINGSWORTH 4/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

[illegible] Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST	☐ Delete
NAME	HOLLINGSWORTH, NEWELL ALAN	
STREET ADDRESS	4710 SW 199TH AVENUE	
CITY-ST-ZIP	SOUTH WEST RANCHES, FL 33332	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/13/03 954-434-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #