

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90433 005 ***150.00

DOCUMENT # P01000029157

1. Entity Name
ALL PROFESSIONAL SERVICES, INC.



Principal Place of Business
1626 SW TAURUS LN.
PORT ST. LUCIE FL 34984

Mailing Address
1626 SW TAURUS LN.
PORT ST. LUCIE FL 34984

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **67-3403459**

Applied For

Not Applicable

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

RENNA, EDWARD J
2799 SE BLUEM WAY
PORT ST. LUCIE FL 34952

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

Edward J Renne

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **RENNA, EDWARD**
STREET ADDRESS **2799 SE BLUEM WAY**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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:

Edward J Renne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772-370-9603

Date

Daytime Phone #

1/8/03

CR2E034 (10/02)

Attachment#1
70006147
PO1000029157

January 8, 2003

All Professional Services, Inc.
1626 SW Taurus Ln.
Port St. Lucie, FL 34984

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: FEI Number 94-3403459

To Whom It May Concern:

Enclosed please find signed 2003 Uniform Business Report and check for \$150.00. There appears to be a discrepancy with the FEI number. According to our records, the number is 94-3403459 and you have it as 67-3403459. Please review and let us know, in writing, or telephone our office at 772-873-1121 if our number is correct.

Thank you for your anticipated cooperation.

Sincerely,

Edward J. Renna

Edward J. Renna
President