

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

04-17-2003 90203 040 \*\*\*150.00

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

DOCUMENT # P01000041434

1. Entity Name  
**ALLSET PROPERTIES, INC.**



Principal Place of Business  
12233 UNIVERSITY BLVD.  
ORLANDO, FL 32817

Mailing Address  
12233 UNIVERSITY BLVD.  
ORLANDO, FL 32817

30030911



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3714438**

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

SETNICKA, JOHN J  
113 KING EIDER COURT  
DAYTONA BEACH, FL 32119

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SETNICKA, JOHN J	113 KING EIDER	DAYTONA BEACH, FL 32119	<input type="checkbox"/>
D	SETNICKA, MARY JO	113 KING EIDER	DAYTONA BEACH, FL 32119	<input type="checkbox"/>
D	SETNIEKA, JOHN J II	16409 WINDSOR PARK DRIVE	LUTZ, FL 33549	<input checked="" type="checkbox"/>
D	SETNICKA, AMY A	16409 WINDSOR PARK DRIVE	LUTZ, FL 33549	<input checked="" type="checkbox"/>
D	SETNICKA, TIMOTHY J	569 CARRON WOODS TR	OVIDO, FL 32765	<input type="checkbox"/>
D				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. SETNICKA

4-14-03 386 322 8782

Date

Daytime Phone #

CR2E034 (10/02)