

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91041 012 ***150.00

DOCUMENT # P01000046604

1. Entity Name
ALL MAINTENANCE SERVICES, INC.



Principal Place of Business
**15950 BAYSIDE POINTE W., UNIT 508
FORT MYERS FL 33908**

Mailing Address
**15950 BAYSIDE POINTE W., UNIT 508
FORT MYERS FL 33908**



2. Principal Place of Business
1129 N TOWN AND RIVER

3. Mailing Address
1129 N TOWN AND RIVER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

4. FEI Number **30-0031431**

Applied For
Not Applicable

Zip
33919

Country

Zip
33919

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

**GRIFFITH, JEFF
15950 BAYSIDE POINTE W., UNIT 508
FORT MYERS FL 33908**

Name

Street Address (P.O. Box Number is Not Acceptable)
1129 N TOWN AND RIVER

City
FORT MYERS

FL

Zip Code
33919

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-03

**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 **D** ☐ Delete
NAME **GRIFFITH, JEFF**
STREET ADDRESS **15950 BAYSIDE POINTE W., UNIT 508**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **D** ☒ Change ☐ Addition
NAME **GRIFFITH, JEFF**
STREET ADDRESS **1129 N TOWN AND RIVER**
CITY-ST-ZIP **FORT MYERS, FL 33919**

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
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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 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 REQUIRED**

4/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)