

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

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90048 033 \*\*\*158.75

DOCUMENT # *PO1000070052*

1. Entity Name

*All In One Home Services Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1208 NW 85th Terrace*

3. Mailing Address

*1208 NW 85th Terrace*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Coral Springs Florida*

City & State

*Coral Springs, FL*

4. FEI Number

*65-1124422*

Applied For

Not Applicable

Zip

*33071*

Country

*US*

Zip

*33071*

Country

*US*

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*Robert W Cullen*

Street Address (P.O. Box Number is Not Acceptable)

*1208 NW 85th Terrace*

City

*Coral Springs*

FL

Zip Code

*33071*

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.

SIGNATURE

*Robert W Cullen Pres*

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

(NOTE: Registered Agent signature required when reinstating)

*4/28/02*

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*President  
Robert W Cullen  
1208 NW 85th Terrace  
Coral Springs, FL 33071*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*Vice President  
Gregory E. Eardigan  
6830 NW 23rd Street  
Tampa, FL 33621*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert W Cullen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/02 954 242 8019*

DATE

Daytime Phone #

CR2E034B (12/01)