

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90183 008 ***158.75

DOCUMENT # P01000091723

1. Entity Name

ALL STATES ASSET MANAGEMENT INC.

Principal Place of Business

**1347 VALHALLA ST
DELTONA FL 32725**

Mailing Address

**1347 VALHALLA ST
DELTONA FL 32725**

2. Principal Place of Business

3. Mailing Address

P.O. Box 300245

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FERN PARK, FLORIDA

4. FEI Number

593753587

Applied For

Not Applicable

Zip

Country

Zip

Country

32730

SEMINOLE

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KLINCKO, DONALD R
703 MEREDITH ST
FERN PARK FL 32730**

7. Name and Address of New Registered Agent

Name **KARLA A. WAGNER**
Street Address (P.O. Box Number is Not Acceptable) **9548 HEMPEL COVE BLVD**
City **WINDERMERE** FL Zip Code **34786**

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 **KARLA A. WAGNER**

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

CHIEF EXECUTIVE OFFICER

(NOTE: Registered Agent signature required when reinstating)

03-31-02

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	P WILLOUGHBY, SIOBHAN 1347 VALHALLA ST DELTONA FL 32725	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D DONALD R. KLINCKO 703 MEREDITH ST FERN PARK FL 32730	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D CAROL L. KLINCKO 703 MEREDITH ST FERN PARK, FL 32730	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DONALD R. KLINCKO, Director 03-31-02/3865322700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)