

DOCUMENT # P01000101629

ALL TANKS, INCORPORATED



6555 1ST AVE N
SAINT PETERSBURG FL 33710

P.O.BOX 530673
SAINT PETERSBURG FL 33747

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

$$\overline{z_p}$$

Country

4. FBI Number **59-3756074**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

BROUSSARD, RICHARD
6555 1ST AVE N
SAINT PETERSBURG FL 33710

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

Some more types of curved arrows of cyclopropane are as follows:

NOTE: Registered Agent signature required on every return.

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Debit
NAME	BROUSSARD, RICHARD	
STREET ADDRESS	P.O. BOX 580673	
CITY-ST-ZIP	SAINT PETERSBURG FL 33747	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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

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

TITLE	U000000004945	☐ Change	☐ Addition
NAME	02/05/09-80089-011	150.00	
STREET ADDRESS			
CITY - ST - ZIP			

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

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

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 exemptions contained in Section 119, 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

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Economics