

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90361 027 \*\*\*150.00

DOCUMENT # **P02000005782**

1. Entity Name  
**ALL SERVICE TEMPORARIES, INC.**



Principal Place of Business  
**843 MORNING STAR DRIVE  
LAKELAND FL 33810**

Mailing Address  
**843 MORNING STAR DRIVE  
LAKELAND FL 33810**



2. Principal Place of Business  
**7211 N. Himes Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**5026 PARRISH Lane**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Tampa, FL**  
Zip  
**33614**  
Country  
**U.S.A**

City & State  
**Safety Harbor FL**  
Zip  
**34695**  
Country  
**USA**

4. FEI Number  
**75-2970806**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LOPEZ, CRUZ  
843 MORNING STAR DRIVE  
LAKELAND FL 33810**

7. Name and Address of New Registered Agent

Name  
**MARY Arana-Andersen**  
Street Address (P.O. Box Number is Not Acceptable)  
**5026 PARRISH Lane**  
City  
**Safety Harbor** FL Zip Code  
**34695**

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 Mary Arana-Andersen DATE 1-17-03  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b> <b>LOPEZ, CRUZ</b> <b>843 MORNING STAR DRIVE</b> <b>LAKELAND FL 33810</b>	<input checked="" 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	<b>President</b> <b>MARY ARANA-ANDERSEN</b> <b>5026 PARRISH Lane</b> <b>Safety Harbor, FL 34695</b>	<input checked="" 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
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

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: Mary Arana-Andersen DATE: 1-17-03 DAYTIME PHONE #: 727-409-0550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)