

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90180 049 ***158.75

DOCUMENT # P02000106338

1. Entity Name
ALL SERVICE OF SOUTH FLORIDA, INC.



Principal Place of Business
210 A TENTH ST
LAKE PARK FL 33403

Mailing Address
210 A TENTH ST
LAKE PARK FL 33403

2. Principal Place of Business

7770 Colony Lake Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 243747

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Boynton Beach, FL

Zip
33436

Country
USA

City & State
Boynton Beach, FL 33424

Zip
33424

Country
USA

4. FEI Number
01 0745013

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRANT, RICHARD

~~210 A TENTH ST~~ 7770 Colony Lake Dr.
~~LAKE PARK FL 33403~~ Boynton Beach, FL
33436

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE DP ☐ Delete
NAME GRANT, RICHARD
STREET ADDRESS ~~210 A TENTH ST~~ 7770 Colony Lake Dr.
CITY - ST - ZIP ~~LAKE PARK FL 33403~~ Boynton Beach, FL
33436

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
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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 OF RICHARD GRANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-03

Date

561-251-4739

Daytime Phone #

NR000000
FD

CR2E034 (10/02)