

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

02-13-2003 90256 036 ***150.00

DOCUMENT # P02000110228

1. Entity Name
ALL SERVICES ETC., INC.



Principal Place of Business
**1952-1 PARK MEADOWS DR
FT MYERS FL 33907**

Mailing Address
**1952-1 PARK MEADOWS DR
FT MYERS FL 33907**

2. Principal Place of Business

7181 COLLEGE PARKWAY

Suite, Apt. #, etc.

SUITE 30

City & State

FORT MYERS FL

Zip
33907

Country

USA

3. Mailing Address

7181 COLLEGE PARKWAY

Suite, Apt. #, etc.

SUITE 30

City & State

FORT MYERS FL

Zip
33907

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

51-0433806

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

POLIZZI, BRUNO

1952-1 PARK MEADOWS DR

FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

POLIZZI, BRUNO

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

7181 COLLEGE PARKWAY / SUITE 30

City

FORT MYERS

FL

Zip Code

33907

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

(NOTE: Registered Agent signature required when re-registering)

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	D	<input type="checkbox"/> Delete
NAME	POLIZZI, BRUNO	
STREET ADDRESS	1952-1 PARK MEADOWS DR	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANELA, JEROME	
STREET ADDRESS	1952-1 PARK MEADOWS DR	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLIZZI, MARCO	
STREET ADDRESS	15621 RED FOX RUN DR	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLIZZI, BRUNO	
STREET ADDRESS	7181 COLLEGE PARKWAY / SUITE 30	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANGELA JEROME	
STREET ADDRESS	7181 COLLEGE PARKWAY / SUITE 30	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03

Date

Daytime Phone #