## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000143703

**Entity Name: ALSERVIA SERVICES INCORPORATED** 

FILED Feb 02, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1885 HEARTWELLVILLE STREET 1885 HEARTWELLVILLE STREET

PLAM BAY, FL 32907 PALM BAY, FL 32907

**Current Mailing Address: New Mailing Address:** 

1885 HEARTWELLVILLE STREET 1885 HEARTWELLVILLE STREET

PLAM BAY, FL 32907 PALM BAY, FL 32907

FEI Number: 11-3796570 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

WILSON, LORNA P WILSON, LORNA P

1885 HEARTWELLVILLE STREET 1885 HEARTWELLVILLE STREET PLAM BAY, FL 32907 PALM BAY, FL 32907

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: LORNA WILSON 02/02/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

WILSON, LORNA P WILSON, LORNA P Name: Name:

1885 HEARTWELLVILLE STREET Address: 1885 HEARTWELLVILLE STREET Address:

City-St-Zip: PLAM BAY, FL 32907 City-St-Zip: PALM BAY, FL 32907

Title: VΡ Title: () Change () Addition () Delete EDWARDS, KEISHA L

Name: Name: 1885 HEARTWELLVILLE STREET Address: Address: PLAM BAY, FL 32907 City-St-Zip: City-St-Zip:

( ) Delete Title: Title: () Change () Addition

WILSON, DUANE A Name: Name: Address: Address:

1885 HEARTWELLVILLE STREET City-St-Zip: PLAM BAY, FL 32907 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: LORNA WILSON 02/02/2008