

2000 UNIFORM BUSINESS REPORT (UBR)

Jun 08, 2000 8:00 am

Secretary of State

06-08-2000 90027 045 ***150.00

DOCUMENT # P93000057711

1. Entity Name:

ALLROUND HOME SERVICE, INC.

Principal Place of Business

308 WABASH TERRACE
PORT CHARLOTTE FL 33954

Mailing Address

308 WABASH TERRACE
PORT CHARLOTTE FL 33954-3591

2. Principal Place of Business

18431 Monet Av.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Zip

Country

33952

4. FEI Number 65-0426083

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SCHLOEGL, FRANK
308 WABASH TERRACE
PORT CHARLOTTE FL 33954

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.

SIGNATURE

Signature typed or printed name of Registered Agent and this is applicable

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

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing True Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLOEGL, FRANK 308 WABASH TERRACE PORT CHARLOTTE FL 33954	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAF, DORIS 308 WABASH TERRACE PORT CHARLOTTE FL 33954	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Plate #

Frank Schlogel 04.15.2000