

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000059441

1. Entity Name
ALL AROUND SPECIALTIES, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90250 043 ***150.00

Principal Place of Business
615 CROSS STREET
PUNTA GORDA FL 33950

Mailing Address
615 CROSS STREET
PUNTA GORDA FL 33950

C0018058



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
615 Cross St.
Suite, Apt. #, etc.
Suite 1114

3. Mailing Address
615 Cross St Unit 1114
Suite, Apt. #, etc.

City & State
Punta Gorda FL

City & State
Punta Gorda FL

4. FEI Number 65-0483284

Applied For
Not Applicable

Zip 33950 Country CHARLOTTE

Zip 33950 Country CHARLOTTE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCULLY, THOMAS
615 CROSS STREET
PUNTA GORDA FL 33950

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCULLY, THOMAS 10 HAWTHORNE ST. HICKSVILLE NY	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Scully
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/01/01 941-575-9100
Date Daytime Phone #

CR2E034 (10/00)