

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047024

1. Entity Name

ALL KINDS OF SERVICES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90338 049 ***150.00

Principal Place of Business

12764 WILDERNESS LANE WEST
JACKSONVILLE FL 32258-2153

Mailing Address

12764 WILDERNESS LANE WEST
JACKSONVILLE FL 32258-2153

60040002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

X4. FEI Number

NOT APPLICABLE

Applied For

X Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNOWDEN, HARLEY V
12764 WILDERNESS LANE WEST
JACKSONVILLE FL 32258-2153

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

32258

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

owner/President

4/23/01

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME HARLEY V. SNOWDEN
STREET ADDRESS 12764 WILDERNESS LN. W.
CITY-ST-ZIP JACKSONVILLE FL 32258

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harley V. Snowden

Date

Daytime Phone #

4/23/01 1-800-968-2214

CR2E034 (10/00)