

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91106 031 \*\*\*150.00

DOCUMENT # P94000057672

1. Entity Name

ALL OFFICE SUPPORT OF LEE & COLLIER, INC.

Principal Place of Business

7181 COLLEGE PKWY  
STE 30  
FORT MYERS FL 33907-5640  
US

Mailing Address

7181 COLLEGE PKWY  
STE 30  
FORT MYERS FL 33907-5640  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0516856

Applied For

Not Applicable

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

LEVY, KIM  
2110 CLEVELAND AVENUE  
FORT MYERS FL 33901

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 title if applicable.

(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 P  
NAME KANE, ELLEN  
STREET ADDRESS 7265 LAKE DRIVE  
CITY-ST-ZIP FT. MYERS FL 33908  
*Deceased Jan 13, 2001 Lee County* ☒ Delete

TITLE VST  
NAME KANE, DAVID J  
STREET ADDRESS 7265 LAKE DRIVE  
CITY-ST-ZIP FT. MYERS FL 33908 ☐ 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

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

TITLE P/S/T  
NAME David J Kane  
STREET ADDRESS 6053 Timberwood Cir #233  
CITY-ST-ZIP Fort Myers FL 33908 ☒ Change ☐ Addition

TITLE V  
NAME Jennifer Ott  
STREET ADDRESS 8773 Chatham St  
CITY-ST-ZIP Fort Myers FL 33907 ☐ Change ☒ Addition

TITLE V  
NAME Deborah A Gernant  
STREET ADDRESS 9354 Jonas Rd  
CITY-ST-ZIP Fort Myers FL 33912 ☐ Change ☒ Addition

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 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

27 Apr 01

Date

941-939-2200

Daytime Phone #

CR2E034 (10/00)