

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91901 030 ***150.00

MARKET
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DOCUMENT # P97000099859

1. Entity Name
ALL CARDS 2/\$1, INC.



Principal Place of Business
~~4300 28TH STREET NORTH~~
ST. PETERSBURG FL 33714

Mailing Address
4300 28TH STREET NORTH
ST. PETERSBURG FL 33714

2. Principal Place of Business

105 4th Street

3. Mailing Address

105 4th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BELLEAIR BEACH, FL

City & State
BELLEAIR BEACH, FL

4. FEI Number 59-3479737

Applied For
Not Applicable

Zip Country
33786 USA

Zip Country
33786 USA

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

DWYER, LAWRENCE A SR.
~~4300 28TH STREET NORTH~~
ST. PETERSBURG FL 33714

Name

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

105 4th Street

City
BELLEAIR BEACH

FL

Zip Code
33786

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lawrence A Dwyer*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DWYER, LAWRENCE A SR.
STREET ADDRESS ~~4300 28TH STREET NORTH~~
CITY-ST-ZIP ST. PETERSBURG FL 33714

TITLE ☒ Change ☐ Addition
NAME *105 4th St*
STREET ADDRESS *BELLEAIR BEACH, FL*
CITY-ST-ZIP *33786*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence A Dwyer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)