

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034947

1. Entity Name

ALLIED BUSINESS SERVICES, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90027 023 ***150.00

Principal Place of Business

21905 LAKE FOREST CIRCLE
 SUITE 103
 BOCA RATON FL 33433

Mailing Address

21905 LAKE FOREST CIRCLE
 SUITE 103
 BOCA RATON FL 33433-3356



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2255 LAKES ROAD

3. Mailing Address

2255 LAKES ROAD

Suite, Apt. #, etc.

Suite 324-A

Suite, Apt. #, etc.

Suite 324-A

City & State

BOCA RATON, FL

City & State

BOCA RATON FL

Zip

33431

Country

FLA

Zip

33431

Country

FLA

4. FEI Number

65-0830341

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU INC
 1406 HAYS STREET
 SUITE 2
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name LARRY SUROWIECKI

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

21905 Lake Forest Circle # 103

City

BOCA RATON, FL

Zip

33433

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 LARRY SUROWIECKI President (for Allied Bus.) 5/2/2000

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, 2000 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

TITLE D
 NAME SUROWIECKI, LARRY
 STREET ADDRESS 21905 LAKE FOREST CIRCLE SUITE 103
 CITY-ST-ZIP BOCA RATON FL 33433

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 CITY-ST-ZIP

☐ Change ☐ Addition

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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

Date

Daytime Phone #

President 5/2/2000 561-750-0743