

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-27-2001 90219 012 ***150.00

0037358

DOCUMENT # P98000045417
 1. Entity Name
A + SERVICES OF FLORIDA INC.

Principal Place of Business 11307 SMOKETHORN DRIVE RIVERVIEW FL 33569	Mailing Address 11307 SMOKETHORN DRIVE RIVERVIEW FL 33569
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2. Principal Place of Business 11307 Smokethorn drive	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Riverview FL	City & State FL	4. FEI Number 59-3545676	Applied For <input type="checkbox"/> Not Applicable
Zip 33569	Country USA	Zip 33569	Country Hillsborough



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**IRWIN, JEANIE K
 11307 SMOKETHORN DRIVE
 RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent
 Name **Same AS Previous NO changes**
 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 **Jeanie K. Irwin** DATE **4-23-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	P IRWIN, JEANIE K 11307 SMOKETHORN DR. RIVERVIEW FL 33569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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)(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: **Jeanie K. Irwin** DATE **4-23-01** DAYTIME PHONE # **813-671-1002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)