

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90055 048 ***150.00

938653

DOCUMENT # P98000049745

1. Entity Name
ALL SURFACE TECHNOLOGY, INC.

Principal Place of Business **Mailing Address**
240 N. POLK DRIVE 240 N. POLK DRIVE
SARASOTA, FL 34236 SARASOTA, FL 34236

2. Principal Place of Business **3. Mailing Address**
127 W. FAIRBANK AVE. 127 W. FAIRBANK AVE.

Suite, Apt. #, etc. Suite, Apt. #, etc.
PMB 404 PMB 404

City & State **City & State**
WINTER PARK, FL WINTER PARK, FL

Zip **Country** **Zip** **Country**
32789-4326 32789-4326

4. FEI Number **Applied For**
65-0842719 ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JO ELLEN HITTLE
240 N. POLK DRIVE
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
127 W. FAIRBANK AVE. PMB 404
City **State** **Zip Code**
WINTER PARK FL 32789-4326

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 *Jo Ellen Hittle* **Jo Ellen Hittle** **4/8/00**
Signature typed or printed name of registered agent and agent 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JO ELLEN HITTLE	NAME	JO ELLEN HITTLE
STREET ADDRESS	240 N. POLK DR.	STREET ADDRESS	127 W. FAIRBANK AVE. PMB 404
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	WINTER PARK, FL 32789-4326
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	240 N. POLK DR.	NAME	CHUCK HITTLE
STREET ADDRESS	SARASOTA, FL 34236	STREET ADDRESS	127 W. FAIRBANK AVE. PMB 404
CITY-ST-ZIP		CITY-ST-ZIP	WINTER PARK FL 32789-4326
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Chuck Hittle* **CHUCK HITTLE** **4/8/00** **407-691-0061**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/99)