

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90248 025 \*\*\*150.00

**DOCUMENT # P98000083053**

1. Entity Name  
**ALLTHIS INCORPORATED**

Principal Place of Business Mailing Address  
**5115 N. SOCRUM LOOP RD. #255** **5115 N. SOCRUM LOOP RD. #255**  
**LAKELAND FL 33809** **LAKELAND FL 33809-2331**

**704326**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **6910 O'ZONIEL LOOP W**  
 Suite, Apt. #, etc.

3. Mailing Address **6910 O'ZONIEL LOOP W**  
 Suite, Apt. #, etc.

City & State  
**LAKELAND, FL**

City & State  
**LAKELAND, FL**

4. FEI Number **59-3534416**

Applied For  
 Not Applicable

Zip **33809** Country **USA**

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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**

**ASANGER, WERNER A**  
**5115 N. SOCRUM LOOP RD. #255**  
**LAKELAND FL 33809**

Name **ASANGER WERNER A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6910 O'ZONIEL LOOP W**  
 City **LAKELAND** FL Zip Code **33809**

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 **WERNER ASANGER** **PRESIDENT** 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ASANGER, WERNER A</b>	
STREET ADDRESS	<b>5115 N. SOCRUM LOOP RD. #255</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="radio"/> Change <input type="checkbox"/> Addition
NAME	<b>ASANGER WERNER A</b>	
STREET ADDRESS	<b>6910 O'ZONIEL LOOP W</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 and all other like empowered.

SIGNATURE: **1/12/2000** **(863) 815-0957**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)