

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90036 045 ***150.00

DOCUMENT # *P98000083053*
1. Entity Name
ALLTHIS INCORPORATED ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6910 ODONIEL LOOP W.
Suite, Apt. #, etc.

3. Mailing Address
— SAME —
Suite, Apt. #, etc.

City & State
LAKELAND, FL.

City & State

Zip
33809

Country
USA

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
9-3534416

Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name
ASANGER, WERNER A.

Street Address (P.O. Box Number is Not Acceptable)
6910 ODONIEL LOOP W.

City
LAKELAND FL Zip Code
33809

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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. **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<i>D ASANGER, WERNER A. 6910 ODONIEL LOOP W. LAKELAND, FL. 33809</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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 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: # _____

CR2003AR (12/01)