

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90041 007 ***150.00

DOCUMENT # *P98 0000 83053*

1. Entity Name

Allthis, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6910 O'Daniel Loop W.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lakeland, Florida

City & State

4. FEI Number

59-353-4416

Applied For

Not Applicable

Zip *33809*

Country *USA*

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Werner A. Asanger

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

6910 O'Daniel 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>President</i>
NAME	<i>Werner A. Asanger</i>
STREET ADDRESS	<i>6910 O'Daniel Loop W.</i>
CITY-ST-ZIP	<i>Lakeland, Florida 33809</i>

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DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/03 (863) 815-0937
Date Daytime Phone #

CR2E034B (12/02)

Attachment



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 24, 2003

ALLTHIS INCORPORATED
6910 ODONIEL LOOP W
LAKELAND, FL 33809

SUBJECT: ALLTHIS INCORPORATED

Ref. Number: P98000083053

30028934

We have received your document for ALLTHIS INCORPORATED and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 803A00004496