

2000 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
May 15, 2000 8:00 am
Secretary of State

03-28-2000 90074 026 ***150.00

DOCUMENT # P99000008690

1. Entity Name

ALL HOME SERVICES, INC.

Principal Place of Business

2994 JOG ROAD
 SUITE B
 GREENACRES FL 33467

Mailing Address

2994 JOG ROAD
 SUITE B
 GREENACRES FL 33467-2000

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0907325

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GERRISH, RICHARD H
 2994 JOG ROAD
 SUITE B
 GREENACRES FL 33467

7. Name and Address of New Registered Agent

Name

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

[Signature]
 Signature typed or printed name of registered agent and title if 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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GERRISH, RICHARD H	6250 OLIVEWOOD CIRCLE	GREENACRES FL 33463	<input type="checkbox"/>
D	GERRISH, SCOT A	6250 OLIVEWOOD CIRCLE	GREENACRES FL 33463	<input type="checkbox"/>
D	HILDERBRANDT, STEVEN A	7259 TILLMAN DR.	LAKE WORTH FL 33467	<input type="checkbox"/>
D	SIMS, RON	5783 ORANGE RD.	WEST PALM BEACH FL 33463	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #