

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-09-2000 90085 029 ***550.00

DOCUMENT # P99000026489

1. Entity Name

FLORIDA ALL SERVICE TECHNOLOGY, INC.

Principal Place of Business

1127 N.E. 9TH AVE.
 FT. LAUDERDALE FL 33304

Mailing Address

1127 N.E. 9TH AVE.
 FT. LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-0942680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIKORSKI, ROBERT J
P.O. BOX 8871
CORAL SPRINGS FL 33075

7. Name and Address of New Registered Agent

Name **NICK GEORGE**
 Street Address (P.O. Box Number is Not Acceptable)
1127 NE 9TH AVE
FT. LAUDERDALE
 City **FL 33304**

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, 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PVST	<input checked="" type="checkbox"/> Delete
NAME	SIKORSKI, ROBERT J	
STREET ADDRESS	P.O. BOX 8871 N/A	
CITY-ST-ZIP	CORAL SPRINGS FL 33075	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIKORSKI, ROBERT J	
STREET ADDRESS	P.O. BOX 8871 N/A	
CITY-ST-ZIP	CORAL SPRINGS FL 33075	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NICK GEORGE Pres.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PO BOX 8871	
STREET ADDRESS	CORAL SPRINGS, FLA. 33075	
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		
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/00

Daytime Phone #

CR2E034 (5/00)