

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028288

1. Entity Name

ALL SMALL SERVICES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90056 016 ***150.00

Principal Place of Business

Mailing Address

4584 24TH PLACE SOUTH
WEST PALM BEACH FL 33415

4584 24TH PLACE SOUTH
WEST PALM BEACH FL 33415-7404

2. Principal Place of Business

3359 Belvedere Road

3. Mailing Address

P.O. Box 17911

Suite, Apt. #, etc.

Suite K

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0917393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33406-

Country

USA

Zip

33416

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POJE, GLADYS L
4584 24TH PLACE SOUTH
WEST PALM BEACH FL 33415

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POJE, GLADYS L	NAME	
STREET ADDRESS	4584 24TH PLACE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	June Houghtatling
STREET ADDRESS		STREET ADDRESS	4584 24th Place South
CITY-ST-ZIP		CITY-ST-ZIP	West Palm Beach, FL 33415 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Julie Denker
STREET ADDRESS		STREET ADDRESS	4895 Badger Avenue
CITY-ST-ZIP		CITY-ST-ZIP	West Palm Beach, FL 33417 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Gladys Leah Poje
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

561-642-4747

Daytime Phone #

Gladys Leah Poje, PRESIDENT

CR2E034 (9/99)