

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90017 038 ***150.00

DOCUMENT # P99000028288

1. Entity Name

ALL SMALL SERVICES, INC.

Principal Place of Business

4584 24TH PLACE SOUTH
WEST PALM BEACH FL 33415

Mailing Address

~~4584 24TH PLACE SOUTH~~
~~WEST PALM BEACH FL 33415~~

2. Principal Place of Business

3. Mailing Address

P.O. BOX 17911

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH, FL

Zip

Country

Zip

33416

Country

4. FEI Number

65-0917393

Applied For

Not Applicable

5. Certificate of Status Desired -- ☐

\$8.75 Additional Fee Required

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, 2001 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

TITLE D
NAME POJE, GLADYS L
STREET ADDRESS 4584 24TH PLACE SOUTH
CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Delete

TITLE D/PRESIDENT
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE ~~POJE, GLADYS L~~
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VICE PRESIDENT
NAME JULIE DENKER
STREET ADDRESS 2891 ALICE DRIVE
CITY-ST-ZIP PALM SPRINGS, FL 33461 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 L. POJE, President

4/17/01 561-642-4747

Date

Daytime Phone #

CR2E034 (10/00)