

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90375 030 ***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
P.O. BOX 17911
WEST PALM BEACH FL 33416

2. Principal Place of Business
931 West 15th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Riviera Beach, FL

City & State

4. FEI Number **65-0917393**

Applied For
Not Applicable

Zip **33404**

Country **USA**

Zip

Country

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)
2891 Alice Drive

City

Palm Springs

FL

Zip Code
33461

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 *Gladys L Poje*
 Signature, typed or printed name of registered agent and if applicable, (NOTE: Registered Agent signature required when reinstating)

4/22/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **2891 Alice Drive**
CITY-ST-ZIP **Palm Springs, FL 33461**

TITLE **VP** ☐ **Delete**
NAME **DENKER, JULIE**
STREET ADDRESS **2891 ALICE DRIVE**
CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE ☒ **Change** ☐ **Addition**
NAME **VP/Secretary**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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: *Gladys L Poje*

4/22/02

561-642-4747

SIGNATURE AND TYPED OFFICER'S NAME REQUIRED FOR OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)