2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055472

1. Entity Name

ALL-IN-ONE SERVICE, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State
08-17-2000 90574 047 ***150.00

Principal Place of Business	Mailing Address
1809 AMOS CIRCLE PENSACOLA FL 32526	1809 AMOS CIRCLE PENSACOLA FL 32526

2. Principal Place of Business	3. Mailing Address
	P.O.B 18153
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Pensacola Fl.
Zip / Country	Zip 32523 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59 3582482 ☐ 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
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	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 $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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD KOBIELNOK, HARRY ~~1809 AMOS CIRCLE~~ PENSACOLA FL 32526 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Harry Kobielnik P.O.B 18153 Pensacola Fl. 32523 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 8-7-00 (Date) — 941-704-2853 (Daytime Phone #)

Attachment
P990000554Z
A0073375

Did not received first Notice

Called & spoke to a Lady who

said send $50.00 check &

explain it did not get 1st Notice

Harry Kobielwik
941-504-2835

Thank You.