

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90073 033 ***150.00

DOCUMENT # V49714

1. Entity Name

A-ALL WEATHER SERVICES, INC.

Principal Place of Business

7546 WEST MCNAB ROAD
#B-28
NO LAUDERDALE FL 33068
US

Mailing Address

7546 WEST MCNAB ROAD
#B-28
POMPANO BEACH FL 33068
US

2. Principal Place of Business

Sold 4-28-00

3. Mailing Address

P.O. Box 6183

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

Country

32550

Country

US

4. FEI Number 65-0344372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUMPHRIES, WESLEY W.
7546 W. MCNAB RD
#B-28
N. LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name Humphries, Wesley W.
Street Address (P.O. Box Number is Not Acceptable) 3695 Scenic Hwy 98 #703
City Destin FL Zip Code 32550

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

Wesley W. Humphries President
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)

DATE

4-27-01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HUMPHRIES, WESLEY W.	
STREET ADDRESS	7546 W. MC NAB RD- #B28	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	OWENS, DENISE H	
STREET ADDRESS	7546 W. MC NAB RD- #B28	
CITY-ST-ZIP	POMPANO BEACH FL 33068	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3695 Scenic Hwy 98 #703
CITY-ST-ZIP	Destin, FL 32550
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3695 Scenic Hwy 98 #703
CITY-ST-ZIP	Destin, FL 32550
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wesley W. Humphries

Date

4-27-01

Daytime Phone #

850 974 5921

CR2E034 (10/00)