

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90054 001 ***600.00

DOCUMENT # K22448
 1. Entity Name
ALL PRO REALTY SPECIALISTS, INC.

Principal Place of Business 9471 BAYMEADOWS RD SUITE 202 JACKSONVILLE FL 32256 US	Mailing Address 9471 BAYMEADOWS ROAD SUITE 201 JACKSONVILLE FL 32256-7935 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2958937	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAM J. BLOODWORTH
~~11410 SAN JOSE BLVD. SUITE 202~~
JACKSONVILLE FL 32223
*9471 Baymeadows Road
 JACKSONVILLE, FL 32256*

7. Name and Address of New Registered Agent

Name **William J. Bloodworth**
 Street Address (P.O. Box Number is Not Acceptable)
~~SUITE 202~~ **9471 Baymeadows Road**
 City **JACKSONVILLE, FL** Zip Code **32256**

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 _____ (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	
TITLE D	<input type="checkbox"/> Delete
NAME BLOODWORTH, WILLIAM J	
STREET ADDRESS 7911 BAYMEADOWS CIR W	
CITY-ST-ZIP JACKSONVILLE FL 32256	
TITLE VP	<input type="checkbox"/> Delete
NAME BLOODWORTH, NANCY P	
STREET ADDRESS 7911 BAYMEADOWS CIR W	
CITY-ST-ZIP JACKSONVILLE FL 32256	
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 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: *William J. Bloodworth* **Signature and Typed or Printed Name of Signing Officer or Director** **4/26/2000** **904-737-1965**
 Date Daytime Phone #

CR2E034 (9/99)