

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90127 041 \*\*\*150.00

11-29-97-23 AV

**DOCUMENT # K22448**

1. Entity Name  
**ALL PRO REALTY SPECIALISTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>9471 BAYMEADOWS RD          SUITE 202          JACKSONVILLE FL 32256          US</b>	Mailing Address <b>9471 BAYMEADOWS ROAD          SUITE 201          JACKSONVILLE FL 32256          US</b>
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2. Principal Place of Business <b>9471 BAYMEADOWS Rd          Suite, Apt. #, etc.          Suite 302</b>	3. Mailing Address <b>5099 ATLANTIC VIEW          Suite, Apt. #, etc.          -</b>
City & State <b>JACKSONVILLE, FL 32256</b>	City & State <b>St. Augustine, FL</b>
Zip <b>32256</b>	Country <b>DUVAL</b>
Zip <b>32080</b>	Country <b>St. Johns</b>

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

6. Name and Address of Current Registered Agent

**WILLIAM J. BLOODWORTH  
 9471 BAYMEADOWS RD  
 STE 202  
 JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name  
**William J. Bloodworth**

Street Address (P.O. Box Number is Not Acceptable)  
**5099 ATLANTIC VIEW**

City  
**St. Augustine**

FL Zip Code  
**32080**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLOODWORTH, WILLIAM J 7911 BAYMEADOWS CIR W JACKSONVILLE FL 32256</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BLOODWORTH, NANCY P 7911 BAYMEADOWS CIR W JACKSONVILLE FL 32256</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Bloodworth, William J. 5099 ATLANTIC VIEW St. Augustine, FL 32080</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Bloodworth, Nancy P. 5099 ATLANTIC VIEW St. Augustine, FL 32080</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Nancy P. Bloodworth  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2002 904-460-0354  
 Date Daytime Phone #

CR2E034 (9/01)