FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90017 011 ***158.75

427239

DOCUMENT # P97000029749

1. Entity Name: ALL PRO VAN LINES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5897 SW 21st. street	5897 SW 21ST. STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL 33023	City & State: HOLLYWOOD, FL 33023
Zip: 33023 Country: BROWARD	Zip: 33023 Country: BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0740431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ELIJAH BOWLES III

Street Address (P.O. Box Number is Not Acceptable): 9630 MILLPOND DRIVE

City: MIRAMAR FL Zip Code: 33023

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] ELIJAH BOWLES III 3/5/02
Signature of new 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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT, TREASURY
NAME	ELIJAH BOWLES III
STREET ADDRESS	9630 MILLPOND DRIVE
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	VICE PRESIDENT, SECRETARY
NAME	LISA D. PINKNEY
STREET ADDRESS	9630 MILLPOND DRIVE
CITY-ST-ZIP	MIRAMAR, FL 33023
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] E.L. Bowles III 3/5/02 954-963-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #