

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90103 024 ***150.00

0644010

DOCUMENT # V46539

1. Entity Name

ALL FLORIDA REALTY & AUCTION CO.

Principal Place of Business

**2303 1 STREET EAST
 SUITE 313
 BRADENTON FL 34208
 US**

Mailing Address

**3401 WILDERNESS BLVD W
 PARRISH FL 34219
 US**

2. Principal Place of Business

H303 1st St E

3. Mailing Address

Suite, Apt. #, etc.

#313

City & State

BRADENTON FL

City & State

Zip

34208

Country

USA

Country

4. FEI Number **65-0343000**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HERRON, BRIAN M
 3401 WILDERNESS BLVD. WEST
 PARRISH FL 34219**

7. Name and Address of New Registered Agent

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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** ☐ Delete
 NAME **HERRON, BRIAN**
 STREET ADDRESS **3401 WILDERNESS BLVD W**
 CITY-ST-ZIP **PARRISH FL 34219**

TITLE **ST** ☐ Delete
 NAME **HERRON, DIANNA C**
 STREET ADDRESS **3401 WILDERNESS BLVD W**
 CITY-ST-ZIP **PARRISH FL 34219**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2/10/01 941 746-5355

CR2E034 (10/00)