

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000044229**

1. Entity Name

All ABOUT Fmvs, Inc

Principal Place of Business

Mailing Address

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90172 045 ***150.00

C0057213

2. Principal Place of Business

1105 B Cypress Gardens Blvd

3. Mailing Address

1105 B Cypress Gardens Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Haven Fla

City & State

Winter Haven Fla

4. FEI Number

59-3572355

Applied For

Not Applicable

Zip

Country

33884

Polk

Zip

Country

33884

Polk

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Lees, Jim
104 N. Lk Florence Dr
Winter Haven Fla 33884

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, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Lees, Jim
104 N. Lk Florence Dr
W.H. Fla 33884

☐ Delete

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

TITLE
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☐ Change ☐ 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:

Jim M. Lees **JAN M. LEES**

4/19/2001

Date

863-299-9593

Daytime Phone #

CR2E034 (11/00)