

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90095 042 ***150.00

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DOCUMENT # P95000014696

1. Entity Name
ALL POINTS REAL ESTATE, INC.



Principal Place of Business
**2030-2 THOMASVILLE RD
TALLAHASSEE FL 32312**

Mailing Address
**2030-2 THOMASVILLE RD
TALLAHASSEE FL 32312**



2. Principal Place of Business
1934 DELLWOOD DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1934 DELLWOOD DRIVE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
TALLAHASSEE FL.

City & State
TALLAHASSEE FL.

4. FEI Number
59-3297146

Applied For
Not Applicable

Zip Country
32303 USA

Zip Country
32303 USA

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

**EARNHART, PAUL M
2030-2 THOMASVILLE RD
TALLAHASSEE FL 32312**

Name
PAUL M. EARNHART

Street Address (P.O. Box Number is Not Acceptable)

1934 DELLWOOD DRIVE

City State Zip Code
TALLAHASSEE FL 32303

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul M. Earnhart, President* **PAUL M. EARNHART, PRES.** 4-10-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **EARNHART, PAUL M**
STREET ADDRESS **2030-2 THOMASVILLE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **SAME** Change Addition
NAME **SAME**
STREET ADDRESS **1934 DELLWOOD DR.**
CITY-ST-ZIP **TALLAHASSEE FL, 32303**

TITLE **S** Delete
NAME **HARLEY, FRANCES W**
STREET ADDRESS **2030-2 THOMASVILLE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **SAME** Change Addition
NAME **SAME**
STREET ADDRESS **1934 DELLWOOD DR.**
CITY-ST-ZIP **TALLAHASSEE FL, 32303**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul M. Earnhart, Pres.* **PAUL M. EARNHART, PRESIDENT** 4-10-03 850 386 2773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)