

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90127 041 ***150.00

DOCUMENT # K22448

1. Entity Name

ALL PRO REALTY SPECIALISTS, INC.

Principal Place of Business

**9471 BAYMEADOWS RD
 SUITE 202
 JACKSONVILLE FL 32256
 US**

Mailing Address

**9471 BAYMEADOWS ROAD
 SUITE 201
 JACKSONVILLE FL 32256
 US**

2. Principal Place of Business

**9471 BAYMEADOWS Rd
 Suite, Apt. #, etc.
 Suite 302**

3. Mailing Address

**5099 ATLANTIC VIEW
 Suite, Apt. #, etc.
 —**

City & State

JACKSONVILLE, FL 32256

City & State

St. Augustine, FL

Zip

Country

32256 Duval

Zip

Country

32080 St. Johns

4. FEI Number

59-2958937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 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

**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 **D** ☐ Delete
 NAME **BLOODWORTH, WILLIAM J**
 STREET ADDRESS **7911 BAYMEADOWS CIR W**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VP** ☐ Delete
 NAME **BLOODWORTH, NANCY P**
 STREET ADDRESS **7911 BAYMEADOWS CIR W**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Bloodworth, William J.**
 STREET ADDRESS **5099 ATLANTIC VIEW**
 CITY-ST-ZIP **St. Augustine, FL 32080**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Bloodworth, Nancy P.**
 STREET ADDRESS **5099 ATLANTIC VIEW**
 CITY-ST-ZIP **St. Augustine, FL 32080**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2002
 Date

904-460-0354
 Daytime Phone #

11-29673 AV

CR26034 (9/01)