

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013928

1. Entity Name
ALLPRO ASSOCIATES, LLC

FILED *WR 4/p*
01 MAR 30 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5415 BROOKMEADE DRIVE
SARASOTA FL 34232

Mailing Address
5415 BROOKMEADE DRIVE
SARASOTA FL 34232



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5900 S. TAMiami TRAIL
Suite, Apt. #, etc.
SUITE #I

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota FL

4. FEI Number

65-1052827

Applied For

Not Applicable

Zip

Country

Zip

Country

34231

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name CATHERINE L. ASTRONSKAS
Street Address (P.O. Box Number is Not Acceptable)
5900 S. TAMiami TRAIL
SUITE #I
City SARASOTA FL Zip Code 34231

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 *Catherine L. Astronskas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME MGRM CUMMINGS, ELIZABETH M ☐ Delete
STREET ADDRESS 5415 BROOKMEADE DRIVE
CITY-ST-ZIP SARASOTA FL 34232

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700003992627-7
CITY-ST-ZIP -04/11/01-01097-017
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Elizabeth Cummings*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-26-01 941-780-9819
Date Daytime Phone #

CR2E083 (11/00)