

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006830

1. Entity Name

ALL STATES AUCTIONEERING, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90235 042 ***150.00

Principal Place of Business

4543 SOUTHWEST 15TH AVENUE
CAPE CORAL FL 33914

Mailing Address

4543 SOUTHWEST 15TH AVENUE
CAPE CORAL FL 33914

2. Principal Place of Business

168 Millport ST NW
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 2901
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PT Charlotte, FL
33948 Charlotte

City & State

PT Charlotte, FL
33949 Charlotte

4. FEI Number

65-0981502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VEASLEY, ROBERT J
4543 SOUTHWEST 15TH AVENUE
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name
Veasley Robert J
Street Address (P.O. Box Number is Not Acceptable)
168 Millport ST NW
City
PT Charlotte
Zip Code
33948

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
VEASLEY, ROBERT J
4543 SOUTHWEST 15TH AVENUE
CAPE CORAL FL 33914 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
Veasley Robert J
168 Millport ST NW
PT Charlotte FL 33948 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)