

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036752

1. Entity Name

ALL POINTS COURIER SERVICE OF LAKE, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90019 003 ***150.00

Principal Place of Business

1738 TIMBER RIDGE CIRCLE
LEESBURG FL 34748

Mailing Address

1738 TIMBER RIDGE CIRCLE
LEESBURG FL 34748

2. Principal Place of Business

34020 S Haines Creek Rd

3. Mailing Address

34020 S Haines Creek Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Leesburg, FL

4. FEI Number

59-3640872

Applied For

Not Applicable

Zip

34788

Country

Zip

34788

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENSVOID, JERROLD N
1738 TIMBER RIDGE CIRCLE
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

Jerrold N. Jensvoid

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

34020 S Haines Creek Road

City

Leesburg

FL

Zip Code

34788

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	D	<input type="checkbox"/> Delete
NAME	JENSVOID, JERROLD N	
STREET ADDRESS	1738 TIMBER RIDGE CIRCLE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENSVOID, LEONE M	
STREET ADDRESS	1738 TIMBER RIDGE CIRCLE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jensvoid, Jerrold N	
STREET ADDRESS	34020 S Haines Creek Road	
CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jensvoid, Leone M	
STREET ADDRESS	34020 S Haines Creek Road	
CITY-ST-ZIP	Leesburg, FL 34788	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jerrold N. Jensvoid

Jerrold N. Jensvoid

3/26/01

352-742-7555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)