FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90169 035 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000 00065619

1. Entity Name

All-State Online Traffic School, Inc

DO NOT WRITE IN THIS SPACE

10076266

2. Principal Place of Business	3. Mailing Address
1801 N 55 Avenue	1801 N. 55 Avenue
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33021 Country: USA	Zip: 33021 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1022089 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Dorothy C Maxwell

Street Address (P.O. Box Number is Not Acceptable): 1801 N 55 Ave

City: Hollywood FL Zip Code: 33021

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: Dorothy C Maxwell 4/7/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P/S
NAME	Dorothy C Maxwell
STREET ADDRESS	1801 N 55 Ave
CITY-ST-ZIP	Hollywood FL 33021
TITLE	V/P/T
NAME	Timothy D Maxwell
STREET ADDRESS	1801 N 55 Ave
CITY-ST-ZIP	Hollywood FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy C Maxwell 4/7/03 954 987 1267

SIGNATURE AND TYPED OR ~~PRINTED~~ NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #