

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90004 014 ***150.00

DOCUMENT # P00000114585

1. Entity Name

ALL PARALEGAL SERVICES, INC.

Principal Place of Business

**118 PARADISE DR.
WELAKA FL 32193**

Mailing Address

**PO BOX 1263
WELAKA FL 32193**

2. Principal Place of Business

225 HIGHWAY 17 S.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12

City & State

E. PALATKA, FL

City & State

Zip

32131

Country

USA

Zip

Country

4. FEI Number

59-3688610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHNOOR, VICKI L
118 PARADISE DR.
WELAKA FL 32193**

7. Name and Address of New Registered Agent

Name

VICKI L. SCHNOOR

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

225 HIGHWAY 17 S., STE. 12

City

E. PALATKA

FL

Zip Code

32131

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

Vicki L. Schnoor

4-17-01

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 ☐ Delete
NAME **D**
STREET ADDRESS **SCHNOOR, VICKI L**
CITY-ST-ZIP **PO BOX 1263
WELAKA FL 32193**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Vicki L. Schnoor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-01 386-326-0434

CP2E034 (10/00)