

Amended
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000082352

1. Entity Name

All State Site Prep, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

103 Century 21 Dr #215
Suite, Apt. #, etc.

3. Mailing Address

103 Century 21 Dr
Suite, Apt. #, etc.
215

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3739042

Applied For

Not Applicable

Zip

32216

Country

Duval

Zip

32216

Country

Duval

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Daniel D. Akel

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

One Independent Dr

Suite 2301

City

Jacksonville

FL

Zip Code

32202

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
President	Russell L. Wilson	103 Century 21 Drive #215	Jacksonville, FL 32216
Director	Denise B. Young	103 Century 21 Drive #215	Jacksonville, FL 32216
Director	Linda M. Cook	103 Century 21 Drive #215	Jacksonville, FL 32216
Director	Patti J. Colbert	103 Century 21 Drive #215	Jacksonville, FL 32216
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Russell L. Wilson Russell L. Wilson

7-17-02

904-727-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)