

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90207 025 ***150.00

DOCUMENT # P93000044060

1. Entity Name

ALL PRO RECOVERY, INC.

Principal Place of Business

568 W. SILVER STAR EXT.
 OCOEE FL 34761

Mailing Address

PO BOX 366
 OCOEE FL 34761-0366

2. Principal Place of Business

306 ocoee-APOPKA Rd

3. Mailing Address

P.O. Box 366

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

City & State

OCOEE, FL

City & State

OCOEE, FL

Zip

Country

34761

USA

Zip

Country

34761

USA

4. FEI Number

59-3183695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JARRELL, ARLE L
 568 W. SILVER STAR EXT.
 OCOEE FL 34761

7. Name and Address of New Registered Agent

Name

ARLE L. JARRELL

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

306 ocoee-APOPKA Rd

Suite 1

City

OCOEE

FL

Zip Code

34761

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	PD	<input type="checkbox"/> Delete
NAME	JARRELL, ARLE L	
STREET ADDRESS	18515 WEEDY FIELDS DR	
CITY-ST-ZIP	GROVELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JARRELL, LINDA J	
STREET ADDRESS	18515 WEEDY FIELDS DR	
CITY-ST-ZIP	GROVELAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLETCHER, DAVID L	
STREET ADDRESS	887 LANCER CIR	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLETCHER, MARTHA R	
STREET ADDRESS	887 LANCER CIR	
CITY-ST-ZIP	OCOEE FL 34761	
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	<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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARLE L. JARRELL
 President

3-23-01

1-4-00

Date

Daytime Phone #

(407) 877-0345

CR2E034 (10/00)