

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040075

1. Entity Name

ALL PRO REALTY CO. VOLUSIA COUNTY, INC.

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90230 037 ***150.00

Principal Place of Business

Mailing Address

2701 S. RIDGEWOOD AVE.
STE. 10C

2701 S. RIDGEWOOD AVE.
STE. 10C

SO. DAYTONA FL 32119

SO. DAYTONA FL 32127-4341

2. Principal Place of Business

3. Mailing Address

640 DUNLAWTON AVE

640 DUNLAWTON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT ORANGE FL.

City & State

PORT ORANGE FL.

4. FEI Number

59-3246194

Applied For

Not Applicable

Zip

32127

Country

VOLUSIA

Zip

32127

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEMMLER, GERALD A
5768 SWEETWATER BLVD
PORT ORANGE FL 32127

Name

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

City

FL

Zip Code

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS 5768 SWEETWATER BLVD
CITY-ST-ZIP PORT ORANGE FL 32127

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

TITLE ☐ Delete
NAME D
STREET ADDRESS 250 COQUINA AVE
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Robert M. Millward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert M. Millward

01/04/00 (904) 788-2600
Date Daytime Phone #

CR2E034 (9/99)