

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90095 042 ***150.00

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DOCUMENT # P95000014696

1. Entity Name
ALL POINTS REAL ESTATE, INC.



Principal Place of Business
**2030-2 THOMASVILLE RD
TALLAHASSEE FL 32312**

Mailing Address
**2030-2 THOMASVILLE RD
TALLAHASSEE FL 32312**

2. Principal Place of Business
1934 DELLWOOD DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1934 DELLWOOD DRIVE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
TALLAHASSEE FL
Zip
32303 Country
USA

City & State
TALLAHASSEE FL
Zip
32303 Country
USA

4. FEI Number
59-3297146

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**EARNHART, PAUL M
2030-2 THOMASVILLE RD
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name
PAUL M. EARNHART
Street Address (P.O. Box Number is Not Acceptable)
1934 DELLWOOD DRIVE
City
TALLAHASSEE FL Zip Code
32303

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 *Paul M. Earnhart, President* **PAUL M. EARNHART, PRES.** **4-10-03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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** ☐ Delete
NAME **EARNHART, PAUL M**
STREET ADDRESS **2030-2 THOMASVILLE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **S** ☐ Delete
NAME **HARLEY, FRANCES W**
STREET ADDRESS **2030-2 THOMASVILLE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **1934 DELLWOOD DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **1934 DELLWOOD DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul M. Earnhart, President* **PAUL M. EARNHART, PRESIDENT** **4-10-03** **850 386 2773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)