

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000029749 ✓

1. Entity Name

ALL PRO VAN LINES, INC.

Principal Place of Business

5897 SW 21ST STREET
HOLLYWOOD, FL 33023

Mailing Address

2. Principal Place of Business

5897 SW 21ST STREET SAME

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

SAME

Zip

33023

Country

BROWARD

Zip

SAME

Country

SAME

4. FEI Number

65-0740431

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0042757

6. Name and Address of Current Registered Agent

ELIJAH BOWLES III
9630 MILLPOND DR.
MIRAMAR, FL 33025

7. Name and Address of New Registered Agent

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

Elijah Bowles III

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/01

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 PRESIDENT ☐ DeleteNAME ELIJAH BOWLES III
STREET ADDRESS 9630 MILLPOND DR.
CITY-ST-ZIP MIRAMAR, FL 33023TITLE VICE PRESIDENT ☐ DeleteNAME LISA D. BOWLES
STREET ADDRESS 9630 MILLPOND DR.
CITY-ST-ZIP MIRAMAR, FL 33023TITLE TREASURY ☐ DeleteNAME ELIJAH BOWLES III
STREET ADDRESS SAME AS ABOVE
CITY-ST-ZIPTITLE SECRETARY ☐ DeleteNAME LISA D. BOWLES
STREET ADDRESS SAME AS ABOVE
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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:

Elijah Bowles III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/01

954-648-5409

CR2E034 (11/00)