

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90698 003 ***158.75

DOCUMENT # P97000029749

1. Entity Name
ALL PRO VAN LINES, INC.



Principal Place of Business
5897 SW 21ST STREET
HOLLYWOOD FL 33023
US

Mailing Address
5897 SW 21ST STREET
HOLLYWOOD FL 33023
US

4000000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0740431

Applied For
Not Applicable

Zip

Country

Zip

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

BOWLES, ELIJAH III
9630 MILLPOND DR
MIRAMAR FL 33025

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME BOWLES, ELIJAH III
STREET ADDRESS 9630 MILLPOND DR
CITY-ST-ZIP MIRAMAR FL 33025 ☐ Delete

TITLE S
NAME Elijah Bowles III
STREET ADDRESS 9630 Mill Pond Dr.
CITY-ST-ZIP Miramar, FL 33023 ☒ Change ☒ Addition

TITLE VS
NAME BOWLES, LISA D
STREET ADDRESS 9630 MILLPOND DR
CITY-ST-ZIP MIRAMAR FL 33025 ☒ Delete

TITLE VP
NAME Lisa D. Bowles
STREET ADDRESS 9630 Mill Pond Dr.
CITY-ST-ZIP Miramar, FL 33023 ☒ Change ☐ Addition

TITLE T
NAME BOWLES, ELIJAH III
STREET ADDRESS 9630 MILLPOND DR
CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

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

TITLE S
NAME BOWLES, LISA D
STREET ADDRESS 9630 MILLPOND DR
CITY-ST-ZIP MIRAMAR FL 33023 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Elijah Bowles III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/02

254-983-2080

CR2E034 (10/02)