

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093362

1. Entity Name

ALL POINTS TELECOMMUNICATIONS, INC.

Principal Place of Business

602 10TH ST W  
PALMETTO FL 34221

Mailing Address

29 AVENUE OF THE FLOWERS  
LONGBOAT KEY FL 34228

2. Principal Place of Business

3. Mailing Address

1401 Manatee Avenue West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#800

City & State

City & State

Bradenton FL 34205-6770

Zip

Country

Zip

Country

34205-6770

USA

4. FEI Number

65-0913724

Applied For

Not Applicable

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

CASWELL & HARRIS, P.A.

1215 N PALM AVE  
SARASOTA FL 34236

Name

Donald Hemke

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

Carlton Fields

777 S. Harbor Island Boulevard

City

Tampa

FL

Zip Code

33602-5799

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BOUDROT, DEBRA A**  
CITY-ST-ZIP **29 AVENUE OF THE FLOWERS  
LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **1401 Manatee Ave W, #800**  
CITY-ST-ZIP **Bradenton FL 34205-6770**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90938 030 \*\*\*150.00

C0059720



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)