

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

06-13-2002 90385 032 ***150.00

DOCUMENT # P97000093362

1. Entity Name

ALL POINTS TELECOMMUNICATIONS, INC.

Principal Place of Business

**602 10TH ST W
 PALMETTO FL 34221**

Mailing Address

**1401 MANATEE AVENUE WEST #800
 BRADENTON FL 34205-6770**

2. Principal Place of Business

1401 Manatee Avenue West

3. Mailing Address

Suite, Apt. #, etc.

Suite 800

City & State

Bradenton, FL

City & State

Zip

34205-6770

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



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

**HEMKE, DONALD
 CARLTON FIELDS
 777 S HARBOR ISLAND BOULEVARD
 TAMPA FL 33602-5799**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. The 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, 2002 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 **D**
 NAME **BOUDROT, DEBRA A**
 STREET ADDRESS **1401 MANATEE AVENUE WEST #800**
 CITY-ST-ZIP **BRADENTON FL 34205-6770**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

941-748 1373

Daytime Phone #

CR2E034 (9/01)