

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102409

1. Entity Name

ALL PRO MAINTENANCE SUPPLY, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90045 043 ***150.00

Principal Place of Business
925 COUNTRY CLUB BLVD #1
CAPE CORAL FL 33990
US

Mailing Address
925 COUNTRY CLUB BLVD #1
CAPE CORAL FL 33990
US

646207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1110 NE PINE ISLAND Rd.

Suite, Apt. #, etc.

Unit 5

City & State

CAPE CORAL FL

Zip

33909

Country

USA

3. Mailing Address

1110 NE PINE ISLAND Rd.

Suite, Apt. #, etc.

Unit 5

City & State

CAPE CORAL FL

Zip

33909

Country

USA

4. FEI Number 65-0796615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLINKUSH, EUGENE
915 SE 21ST TERR
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name HECK, SHERYL

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

915 SE 21ST TERR

City CAPE CORAL

FL

Zip Code

33990

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

Sheryl R. Heck SHERYL R. HECK

4-20-01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BLINKUSH, EUGENE	
STREET ADDRESS	915 SE 21ST TERR	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	T	<input type="checkbox"/> Delete
NAME	BLINKUSH, JOAN	
STREET ADDRESS	915 SE 21ST TERR	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HECK, SHERYL	
STREET ADDRESS	915 SE 21ST TERR	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	S	<input type="checkbox"/> Delete
NAME	VOLKERT, KELLY	
STREET ADDRESS	915 SE 21ST TERR	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sheryl R. Heck SHERYL R. HECK

4-20-01

941-574-2102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)