

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003060

1. Entity Name

ALL PRO PUMP & MOTOR, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90003 028 ***150.00

Principal Place of Business

11812 TIMBERS WAY
BOCA RATON FL 33428

Mailing Address

11812 TIMBERS WAY
BOCA RATON FL 33470-3423

2. Principal Place of Business

15668 66CTN

Suite, Apt. #, etc.

3. Mailing Address

15668 66CTN

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

City & State

Loxahatchee, FL

4. FEI Number

65-0808025

Applied For

Not Applicable

Zip

33470

Country

West Palm Beach

Zip

33470

Country

West Palm Beach

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

STAMPLER, STEVEN M CPA,PA
915 N NORTHLAKE DR
HOLLYWOOD FL 33019

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. 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, 2000 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 P
NAME HENRY, JOHN R ☐ Delete
STREET ADDRESS 11812 TIMBERS WAY
CITY-ST-ZIP BOCA RATON FL 33428

TITLE P
NAME Henry, John R ☒ Change ☐ Addition
STREET ADDRESS 15668 66CTN
CITY-ST-ZIP Loxahatchee, FL 33470

TITLE VP
NAME HENRY, COLETTE L ☐ Delete
STREET ADDRESS 11812 TIMBERS WAY
CITY-ST-ZIP BOCA RATON FL 33428

TITLE VP
NAME Henry, Colette L. ☒ Change ☐ Addition
STREET ADDRESS 15668 66CTN
CITY-ST-ZIP Loxahatchee, FL 33470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Colette L Henry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000

Date

561-795-4229

Daytime Phone #

CR2E034 (9/99)