

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 14, 2000 8:00 am
Secretary of State

05-15-2000 90308 034 ***150.00

DOCUMENT # P98000068007

1. Entity Name

ALL FOR ONE, INC.

(R)

Principal Place of Business

2202 Duskin Ave
 Orlando, FL 32839

Mailing Address

P.O. Box 590491
 Orlando, FL 32859

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3557999

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Peter Smith
 2202 Duskin Ave
 Orlando, FL 32839

7. Name and Address of New Registered Agent

Name SANDRA D. COOPER

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

1951 Doffer Ln

City N. Palm Beach

FL

Zip Code 33408

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

Sandra D. Cooper

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

(NOTE: Registered Agent signature required when resigning)

DATE

4-28-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	☒ Delete
NAME	Peter Smith	
STREET ADDRESS	2202 Duskin Ave.	
CITY-ST-ZIP	Orlando, FL 32839	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President / Director	☐ Change ☒ Addition
NAME	Sandra D. Cooper	
STREET ADDRESS	1951 Doffer Ln	
CITY-ST-ZIP	N. Palm Beach, FL 33408	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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)(f), 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 officers and authorized.

SIGNATURE:

Sandra D. Cooper
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2000
 DATE

Daytime Phone #