

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067657

1. Entity Name

ALL ABOUT APRIL, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90247 047 ***150.00

Principal Place of Business

264 HENLEY DRIVE
NAPLES FL 34104

Mailing Address

264 HENLEY DRIVE
NAPLES FL 34104-6525

2. Principal Place of Business

4350 GULF SHORE BLVD

3. Mailing Address

4350 GULF SHORE BLVD

Suite, Apt. #, etc.

508

Suite, Apt. #, etc.

508

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3594241

Applied For

Not Applicable

Zip

34103-2248

Country

Zip

34103-2248

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROWLEY, PETER F
264 HENLEY DRIVE
NAPLES FL 34104

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. 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

TITLE ☐ Delete
NAME **PRES.**
STREET ADDRESS **LYNDA C. CROWLEY**
CITY-ST-ZIP **264 HENLEY DRIVE**
NAPLES, FL 34104

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

TITLE ☐ Change ☐ Addition
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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: *Lynnda Crowley* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JAN 13/00 941-436-0444

Daytime Phone #