

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90041 021 ***150.00

DOCUMENT # S21805

1. Entity Name

ALL-PRO MAINTENANCE OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

RT 6 BOX 1478
 HAVANA FL 32333
 US

P.O. BOX 38355
 TALLAHASSEE FL 32315-8355

2. Principal Place of Business

934 FL/GA Hwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

HAVANA FL

City & State

4. FEI Number

59-3042410

Applied For

Not Applicable

Zip

32333

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ATKINS, CHARLES N.
 3690 PEDDIE DRIVE
 TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name

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

934 FL/GA Hwy

City

HAVANA

FL

Zip Code

32333

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BARBER, ROBIN C	RT 6 BOX 1478	HAVANA FL	<input type="checkbox"/>
D	ATKINS, CHARLES N	RT 6 BOX 1478	HAVANA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Charles N. Atkins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles N. Atkins

4/15/2000

80-582-0830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)