

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S91917

1. Entity Name

ALL IN ONE REAL ESTATE, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90029 036 ***150.00

Principal Place of Business

Mailing Address

~~3523 DEL PRADO BLVD~~
~~CAPE CORAL FL 33904~~
US

~~3523 DEL PRADO BLVD~~
~~CAPE CORAL FL 33904-7200~~
US

2. Principal Place of Business

1516 SE. 14TH ST

Suite, Apt. #, etc.

#8

3. Mailing Address

1516 SE. 14TH ST

Suite, Apt. #, etc.

#8

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33990

Country

LEE

Zip

33990

Country

LEE

4. FEI Number

65-0298185

Applied For

Not Applicable

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

ELLISON, WILLIAM J.

~~3523 DEL PRADO BLVD~~
~~CAPE CORAL FL 33904~~

Name

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

1910 SE. 29TH LA

City

CAPE CORAL

FL

Zip Code

33904

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

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

WILLIAM J. ELLISON

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/00

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 NAME	D ELLISON, WILLIAM J.	<input type="checkbox"/> Delete
STREET ADDRESS	1003 S.W. 47TH TERRACE, #204	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE NAME	P ELLISON, WILLIAM J.	<input type="checkbox"/> Delete
STREET ADDRESS	1003 S.W. 47TH TERRACE, #204	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE NAME	D ELLISON, MARGARET	<input type="checkbox"/> Delete
STREET ADDRESS	1003 S.W. 47TH TERRACE, #204	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE NAME	VT ELLISON, MARGARET	<input type="checkbox"/> Delete
STREET ADDRESS	1003 S.W. 47TH TERRACE, #204	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE NAME	DS NOBLE, SANDRA E.	<input type="checkbox"/> Delete
STREET ADDRESS	924 S.E. 15TH ST.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1910 SE 29TH LA	
CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1910 SE. 29TH LA	
CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1910 SE. 29TH LA	
CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1910 SE. 29TH LA	
CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12170 SHOREHAVEN DR.	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

William J. Ellison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)