

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90197 025 ***550.00

DOCUMENT # P0000050391

1. Entity Name
**All Americans Financial Resource Alliance, Inc. (f/k/a:
African American Financial Resource Alliance, Inc.)**

DO NOT WRITE IN THIS SPACE

B0134975

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 2. Principal Place of Business 2281 Lee Road Suite, Apt. #, etc. Suite 204 City & State Winter Park, FL Zip 32789 | | 3. Mailing Address 2281 Lee Road Suite, Apt. #, etc. Suite 204 City & State Winter Park, FL Zip 32789 | | 4. FEI Number 593684264 | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

| | |
|--|----------------------------------|
| Name F & L Corp. | |
| Street Address (P.O. Box Number is Not Acceptable) 200 Laura Street, | |
| 3rd Floor | |
| City Jacksonville | Zip Code FL 32202-3510 |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|---|--|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Robert Johnson 2281 Lee Road, Suite 204 Winter Park, FL 32789 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D Mike Trier 2281 Lee Road, Suite 204 Winter Park, FL 32789 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Tonda Ford 2281 Lee Road, Suite 204 Winter Park, FL 32789 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **08/19/02** **(407) 7740-8881**
Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #

Attachment

B0134975

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORTSM (UBR)**

DOCUMENT # P00000050391

1. Entity Name
**All Americans Financial Resource Alliance, Inc. (f/k/a
 African American Financial Resource Alliance, Inc.)**

DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------|--|---------|
| 2. Principal Place of Business 2281 Lee Road Suite, Apt. #, etc. Suite 204 City & State Winter Park, FL Zip 32789 | Country | 3. Mailing Address 2281 Lee Road Suite, Apt. #, etc. Suite 204 City & State Winter Park, FL Zip 32789 | Country |
|--|---------|--|---------|

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4. FEI Number
593684264

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
F & L Corp.

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

3rd Floor

City **Jacksonville** FL Zip Code **32202-3510**

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P/D | NAME Robert Johnson | TITLE | |
| STREET ADDRESS 2281 Lee Road, Suite 204 | CITY-ST-ZIP Winter Park, FL 32789 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE S/D | NAME Mike Trier | TITLE | |
| STREET ADDRESS 2281 Lee Road, Suite 204 | CITY-ST-ZIP Winter Park, FL 32789 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE S | NAME Tonda Ford | TITLE | |
| STREET ADDRESS 2281 Lee Road, Suite 204 | CITY-ST-ZIP Winter Park, FL 32789 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | NAME | TITLE | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | NAME | TITLE | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **08/19/02** (407) 740-8881
RESIGNATURE AND OFFER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2F034B (1/2/01)

Attachment

BD134975
P00000050391

FOLEY & LARDNER
ATTORNEYS AT LAW

BRUSSELS
CHICAGO
DENVER
DETROIT
JACKSONVILLE
LOS ANGELES
MADISON
MILWAUKEE
ORLANDO
SACRAMENTO
SAN DIEGO/DEL MAR
SAN FRANCISCO
TALLAHASSEE
TAMPA
WASHINGTON, D.C.
WEST PALM BEACH

August 21, 2002

VIA FEDEX

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

**Re: 2002 Uniform Business Report--All Americans Financial
Resource Alliance, Inc. (f/k/a African American
Financial Resource Alliance, Inc.)**

Dear Sir or Madam:

Enclosed please find the original and one copy of the 2002 Uniform Business Report for the above-referenced corporation. Also enclosed is a check in the amount of \$550.00 to cover filing fees. Please date-stamp the copy and return to the undersigned in the enclosed self addressed stamped envelope.

Should you have any questions, please feel free to call.

Very truly yours,



Dawn M. Heavey
Paralegal

Enclosures
cc: Robert Johnson

FOLEY & LARDNER
111 NORTH ORANGE AVENUE, SUITE 1800
ORLANDO, FLORIDA 32801-2386
P. O. BOX 2193
ORLANDO, FLORIDA 32802-2193

WRITER'S DIRECT LINE
407.244.7121

EMAIL ADDRESS
dheavey@foleylaw.com

CLIENT/MATTER NUMBER
025525-0101

006.266959.1

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