

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000101286

**Entity Name:** ALL AMERICAN CLAIM SERVICES INC.

**Current Principal Place of Business:**

24206 HARBOUR VISTA CIRCLE ST  
AUGUSTINE, FL 32080

**Current Mailing Address:**

24206 HARBOUR VISTA CIRCLE ST  
AUGUSTINE, FL 32080 US

**FEI Number: 81-1251754**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MESKO, LEVENTE  
24206 HARBOUR VISTA CIRCLE ST  
AUGUSTINE, FL 32080 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PVST  
Name MESKO, LEVENTE  
Address 24206 HARBOUR VISTA CIRCLE ST  
City-State-Zip: AUGUSTINE FL 32080

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LEVENTE MESKO**

**PRESIDENT**

**02/03/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date