

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90009 045 ***150.00

DOCUMENT # 527125

1. Entity Name

ALL-AMERICAN 4 WHEEL DRIVE., INC.

Principal Place of Business

604 W. MEMORIAL BLVD
LAKELAND FL 33801

Mailing Address

804 BROOKWOOD DRIVE
LAKELAND FL 33813
US

2. Principal Place of Business

604 W. memorial Blvd

3. Mailing Address

665 Shanklin Avenue

Suite, Apt. #, etc.

Lakeland

Suite, Apt. #, etc.

City & State

Florida

City & State

Bartow, Florida

Zip

33815

Country

USA

Zip

33830

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1751462

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

BENNETT, BARRY
60 2ND STREET, S.E.
WINTER HAVEN FL 33882

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, 2001 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	PSV	<input type="checkbox"/> Delete
NAME	SPIKER, DAVID R.	
STREET ADDRESS	804 BROOKWOOD DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPIKER, DAVID, R	
STREET ADDRESS	804 BROOKWOOD DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David R. Spiker	
STREET ADDRESS	665 Shanklin Avenue	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	PSV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David R. Spiker	
STREET ADDRESS	665 Shanklin Avenue	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/01 863-687-8701

CR2E034 (10/00)