

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02902

1. Entity Name

ALL AMERICAN ALUMINUM, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90284 002 ***150.00

Principal Place of Business

8875 SE C-25
BELLEVIEW FL 34420

Mailing Address

8875 SE C-25
BELLEVIEW FL 34420

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2031280**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

EARNST, CHARLES C., JR.
9815 SE 140TH ST
SUMMERFIELD FL 34480

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
EARNST, CHARLES C, JR
9815 SE 140TH ST
SUMMERFIELD FL 34491 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
EARNST, NANCY
9815 SE 140TH ST
SUMMERFIELD FL 34491 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
EARNST, CHARLES KEITH
3898 SE 135TH LANE
SUMMERFIELD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Charles C. Earnst Jr

Date

Daytime Phone #

4/20/01

352.245.3697

CR2E034 (10/00)