

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # F02902

1. Entity Name

ALL AMERICAN ALUM. INC.

Principal Place of Business

8875 SE C-25
BELLEVUE, FL
34420

Mailing Address

8875 SE C-25
BELLEVUE, FL.
34420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

EARNEST, CHARLES C. JR
9815 SE 140th ST
SUMMERFIELD, FL 34491

7. Name and Address of New Registered Agent

Name: NANCY A. EARNEST
Street Address (P.O. Box Number is Not Acceptable):
9815 SE 140th ST
City: SUMMERFIELD FL 34491

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

Nancy A. Earnest

NANCY A. EARNEST 10/24/01

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.
(See criteria on back) ☐

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: DP
NAME: EARNEST, CHARLES C. JR
STREET ADDRESS: 9815 SE 140th ST
CITY-STATE-ZIP: SUMMERFIELD, FL 34491

TITLE: S/T
NAME: EARNEST, NANCY
STREET ADDRESS: 9815 SE 140th ST
CITY-STATE-ZIP: SUMMERFIELD, FL 34491

TITLE: AS
NAME: EARNEST, CHARLES KEITH
STREET ADDRESS: 3898 SE 135th LANE
CITY-STATE-ZIP: SUMMERFIELD, FL 34491

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: D ST
NAME: NANCY A. EARNEST
STREET ADDRESS: 9815 SE 140th ST
CITY-STATE-ZIP: SUMMERFIELD, FL 34491

TITLE: P.D.
NAME: EARNEST, C. KEITH
STREET ADDRESS: 3898 SE 135th LANE
CITY-STATE-ZIP: SUMMERFIELD, FL 34491

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-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 fee empowered.

SIGNATURE:

Nancy A. Earnest

NANCY A. EARNEST 10/24/01

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 OCT 29 AM 10:30

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