

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90124 002 ***150.00

DOCUMENT # F02902

1. Entity Name
ALL AMERICAN ALUMINUM, INC.

Principal Place of Business

**8875 SE C-25
 BELLEVUE FL 34420**

Mailing Address

**8875 SE C-25
 BELLEVUE FL 34420**

979649



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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, NANCY A
 9815 SE 140TH ST
 SUMMERFIELD FL 34480**

7. Name and Address of New Registered Agent

Name
Nancy A. EARNEST
 Street Address (P.O. Box Number is Not Acceptable)
8879 E CR 25
 City
Belleview FL Zip Code
34420

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DST EARNEST, NANCY 9815 SE 140TH ST 8879 E CR 25 SUMMERFIELD FL 34480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EARNEST, C KEITH 3898 SE 135TH LANE SUMMERFIELD FL 34491	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EARNEST, MICHAEL J. 8879 E CR 25 BELLEVUE, FL 34420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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:

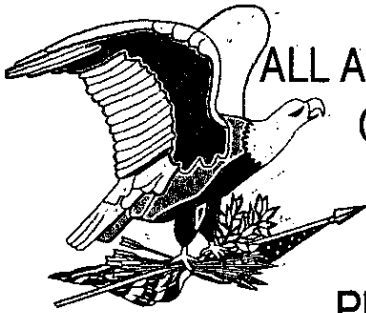
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 245 3697

Attachment



ALL AMERICAN MANUFACTURED HOUSING
CHARLES C. (JOE) EARNEST JR.
8875 SOUTHEAST C-25
BELLEVIEW, FLORIDA 34420
PH.(352)245-3697, FAX(352)245-6302
LICENSE# IH0000002



#F02902

SEPTEMBER 9, 2002

DIVISION OF CORPORATIONS
UBR FILINGS
PO BOX 1500
TALLAHASSEE, FL. 32302-1500

THIS CORPORATION NEVER RECEIVED AN ORIGINAL 2002 UBR FORM AND SINCE AN AMENDED RETURN HAD BEEN FILED LAST FALL (10/25/01) NO ONE REALIZED IT WAS MISSING.

NORMAL PROCEDURE IS TO SEND ORIGINAL TO ACCOUNTANT TO SEE IF ANY CHANGES ARE NEEDED-WHEN ITS RETURNED AND BEFORE DUE DATE-IT IS PAID.

OUR ACCOUNTANT EVEN SENDS REMINDERS OUT BY FAX 5-7 DAYS PRIOR TO DEADLINE; WE GOT A REMINDER FROM ACCOUNTANT BUT FIGURED IT WAS IN ERROR SINCE THERE WAS NO FORM HERE AND SINCE WE DIDN'T GET IT THE ACCOUNTANT DIDN'T EITHER.

THANK YOU,
NANCY EARNEST, SEC/TRES/DIRECTOR

Nancy Earnest