## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 20, 2000 8:00 am Secretary of State DOCUMENT # **F34637** 1. Entity Name ALL AMERICAN FOOD EQUIPMENT SYSTEMS, INC. 01-20-2000 90028 001 \*\*\*300.00 Principal Place of Business Mailing Address 3210 WINTER LAKE ROAD 3210 WINTER LAKE ROAD UNIT 1 LINIT 1 LAKELAND FL 33803 LAKELAND FL 33803-9756 MAR547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2364280 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ----Name BLANTON, J. ROGER Street Address (P.O. Box Number is Not Acceptable) 3210 WINTER LAKE RD, UNIT 1 SUITE 200 LAKELAND FL 33803 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition CR2E034 (9/99 FARNSWORTH, LEE NAME NAME STREET ADDRESS 121 SHADOW LANE STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP CPD TITL F ☐ Addition ☐ Delete TITLE Change BLANTON, J. ROGER NAME NAME STREET ADDRESS 3210 WINTER LAKE ROAD STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change Addition HOMAN, PETE C NAME NAME 16840 98TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Jupiter FL 33478 TITLE ☐ Delete TITLE ☐ Addition **BLANTON, C. CAREY** NAME NAME LAKELAND FL. STREET ADDRESS 6124 WATERWOOD TRAIL STREET ADDRESS 4905 hancocklake road CITY-ST-ZIE **BARTOW FL** CITY-ST-ZIP TS TITLE ☐ Delete TITLE ☐ Change ■ Addition ENLOW, WILLIAM G NAME NAME STREET ADDRESS 1920 EDGEWOOD DRIVE STREET ADDRESS CITY-ST-7/F LAKELAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

**FILED** 

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SECRETARY TREASURER 1-7-00 863 665-1472

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