

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F34637****1. Entity Name**
ALL AMERICAN FOOD EQUIPMENT SYSTEMS, INC.**Principal Place of Business**3210 WINTER LAKE ROAD
UNIT 1
LAKELAND FL 33803**Mailing Address**3210 WINTER LAKE ROAD
UNIT 1
LAKELAND FL 33803**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered AgentBLANTON, J. ROGER
3210 WINTER LAKE RD, UNIT 1
SUITE 200
LAKELAND FL 33803**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	D	<input type="checkbox"/> Delete
NAME	FARNSWORTH, LEE	
STREET ADDRESS	121 SHADOW LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	BLANTON, J. ROGER	
STREET ADDRESS	3210 WINTER LAKE ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOMAN, PETE C	
STREET ADDRESS	16840 98TH WAY	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLANTON, C. CAREY	
STREET ADDRESS	4905 HANCOCK LAKE RD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	TS	<input type="checkbox"/> Delete
NAME	ENLOW, WILLIAM G	
STREET ADDRESS	1920 EDGEWOOD DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENLOW, WILLIAM G.	
STREET ADDRESS	7280 MILLBROOK OAKS DRIVE	
CITY-ST-ZIP	LAKELAND, FL. 33813-6344	
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

WILLIAM G. ENLOW, SEC./TREAS. 1-15-01

Date

Daytime Phone #

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90076 001 ***300.00

23482



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2364280

Applied For

Not Applicable

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

CR2E034 (10/00)