

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90693 001 ***300.00

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
**1120 E MAIN STREET
LAKELAND FL 33801-5133**



2. Principal Place of Business
1120 E Main Street
Suite, Apt. #, etc.

3. Mailing Address
PO Box 90969
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Lakeland, FL

City & State
Lakeland, FL

4. FEI Number
59-2364280

Applied For
☐ Not Applicable

Zip
33801-5133

Country
USA

Zip
33804-0969

Country
USA

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

6. Name and Address of Current Registered Agent

**BLANTON, J. ROGER
3210 WINTER LAKE RD, UNIT 1
SUITE 200
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name
SAME
Street Address (P.O. Box Number is Not Acceptable)
1120 E Main St
City
Lakeland **FL** Zip Code
33801-5133

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 *J. Roger Blanton* **J. Roger Blanton, CPD** **February 10, 2003**
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARNSWORTH, LEE 121 SHADOW LANE LAKELAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BLANTON, J. ROGER 3210 WINTER LAKE ROAD LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOMAN, PETE C 16840 98TH WAY JUPITER FL 33478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLANTON, C. CAREY 4905 HANCOCK LAKE RD LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ENLOW, WILLIAM G 7280 MILLBROOK OAKS DRIVE LAKELAND FL 33813-6344	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLANTON, RICHARD H 828 PARK LANE MADISON GA 30650	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *J. Roger Blanton* **REQUIRED** **Roger Blanton** **2/10/03** **863-686-4897**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)