

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 30 PM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0032122 SP

DOCUMENT # L99000008247

1. Entity Name
ALL-AMERICAN RIGGING, LLC.

Principal Place of Business 1256 LAQUINTA DR ORLANDO FL 32809	Mailing Address 1256 LAQUINTA DR ORLANDO FL 32809
---	---



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 **59-3611189** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PFLANZ, RANDY
1256 LAQUINTA DR
ORLANDO FL 32809**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600004218876--7
-05/15/01--01143--020
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGR PFLANZ, RANDY 1256 LAQUINTA DR ORLANDO FL 32809	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGR PFLANZ, DAWN 1256 LAQUINTA DR ORLANDO FL 32809	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGR KELLEY, HAROLD 1256 LAQUINTA DR ORLANDO FL 32809	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **RANDY PFLANZ**

4/24/01

(407) 857-2221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)