

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90705 013 ***150.00

DOCUMENT # M78053

1. Entity Name

ALL COUNTY TRADING COMPANY, INC.



Principal Place of Business

2765 MAYPORT RD. #1
JACKSONVILLE FL 32210
US

Mailing Address

2765 MAYPORT RD. #1
JACKSONVILLE FL 32210
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 32233

Country

Zip 32233

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2960877

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, CHARLES
4951 ORMOND AVE
JACKSONVILLE FL 32207

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. 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

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

TITLE P
NAME GOLDBERG, CHARLES ☐ Delete
STREET ADDRESS 4951 ORMEWOOD AVE.
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP
NAME GOLDBERG, MARIA L ☐ Delete
STREET ADDRESS 4951 ORMEWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME GOLDBERG, JEFFREY STEVEN ☐ Delete
STREET ADDRESS 122 W 6TH AVE
CITY-ST-ZIP GASTONIA NC 28052

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32207

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1526 B UNION ROAD
CITY-ST-ZIP GASTONIA NC 28054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES GOLDBERG

Date

Daytime Phone #

CR2E034 (10/02)