

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90993 041 \*\*\*150.00

**DOCUMENT # P01000070280**



**1. Entity Name**  
**ALL AMERICAN COOKWARE, INC.**

**Principal Place of Business**  
**4001 N HWY 19A**  
**MT DORA FL 32757**

**Mailing Address**  
**4001 N HWY 19A**  
**MT DORA FL 32757**

**2. Principal Place of Business**  
**4129 BENNETT DRIVE**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**4129 BENNETT DRIVE**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

**City & State**  
**MT. DORA FL**  
**Zip**  
**32757**  
**Country**  
**LAKE**

**City & State**  
**MT. DORA FL**  
**Zip**  
**32757**  
**Country**  
**LAKE**

**4. FEI Number** **59-3732720**  
**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**HURLEY, BRYAN**  
**4001 N HWY 19A**  
**MT DORA FL 32757**

**7. Name and Address of New Registered Agent**

**Name** **BRYAN HURLEY**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**4129 BENNETT DRIVE**  
**City** **MT. DORA FL** **Zip Code** **32757**

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURLEY, BRYAN 4001 N HWY 19A MT DORA FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4129 BENNETT DRIVE MT. DORA FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURLEY, DAVID 4001 N HWY 19A MT DORA FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4129 BENNETT DRIVE MT. DORA FL 32757
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> Delete	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:** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)