

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

03 SEP 24 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90153867

☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P01000090532			
1. Entity Name ALL AMERICAN TAX SERVICES, INC.			
Principal Place of Business 4875 VOLUNTEER ROAD DAVE, FL 33336		Mailing Address 4875 VOLUNTEER ROAD DAVE, FL 33336	
2. Principal Place of Business		3. Mailing Address 307 Bonnie Brook Way #26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Hollywood, FL	
Zip	Country	Zip	Country
33021	USA	33021	USA
4. FEI Number 65-1147319		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DON, HARVEY 4875 VOLUNTEER ROAD DAVE, FL 33336		Name Harvey Don	
		Street Address (P.O. Box Number is Not Acceptable) 307 Bonnie Brook Way Apt. #26	
		City Hollywood	
		FL Zip Code 33021	
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 <i>[Signature]</i>		DATE	
Signature, typed or printed name of registered agent and (if applicable)		(NOTE: Registered Agent's signature required if not containing)	
FILE NOW WITH FEES: \$150.00 After May 11, 2003 Fee will be \$650.00 Amended UBR is \$61.25 May be checked, 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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DON, HARVEY	NAME	
STREET ADDRESS	4875 VOLUNTEER ROAD	STREET ADDRESS	
CITY-ST-ZIP	DAVE, FL 33336	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>[Signature]</i>		DATE	
Signature, typed or printed name of signing officer or director		Date	

CFR2034 (10/02)

Attachment

90153867

August 25, 2003

Department of State
Division of Corporations
Tallahassee, FL 32314

Subject: All American Tax Services, Inc.
Doc #: P01000090532

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2003 filing year. According to your records, you never received an annual report for our corporation. We are sending a filled out blank annual report to your Department because we never received the original report. Please accept our apologies and accept this \$150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize for any inconvenience this may have caused. If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,


Harvey Don
President