

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90540 046 ***150.00

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1. Entity Name
ALL AMERICAN SPORTCARDS & COLLECTIBLES, INC.



Principal Place of Business
8641 NW 53RD ST.
SUNRISE FL 33351

Mailing Address
8641 NW 53RD ST.
SUNRISE FL 33351

2. Principal Place of Business

2799 AUGUSTINE CT
Suite, Apt. #, etc.

3. Mailing Address

2799 AUGUSTINE CT
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
DELTONA, FL

Zip
32738

City & State
DELTONA, FL

Zip
32738

4. FEI Number
65-0898813

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBY, SCOTT A
8641 NW 53RD ST.
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name
JACOBY, SCOTT A
Street Address (P.O. Box Number is Not Acceptable)
949 Sevilla Ave
City
LAKE HELEN **FL** **Zip Code**
32744

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 *Scott A. Jacoby* *Scott A. Jacoby* *4-22-03*
Signature, typed or printed name of registered agent and trust, 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

TITLE
DP ☒ Delete
NAME
JACOBY, SCOTT A
STREET ADDRESS
8641 NW 53RD ST
CITY-ST-ZIP
SUNRISE FL 33351

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DP ☒ Change ☐ Addition
NAME
SCOTT A JACOBY
STREET ADDRESS
949 Sevilla Ave
CITY-ST-ZIP
LAKE HELEN, FL 32744

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

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

TITLE
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: *Scott A. Jacoby* *Scott A. Jacoby* *4-22-03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)