

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90009 016 ***150.00

DOCUMENT # P01000098905

1. Entity Name

ALL AMERICA CONCEPTS AND DESIGN, INC.

Principal Place of Business

**522 HUNT CLUB BLVD #13
 APOPKA FL 32703**

Mailing Address

**522 HUNT CLUB BLVD #13
 APOPKA FL 32703**

2. Principal Place of Business

813 ORIENTA AVE

3. Mailing Address

813 ORIENTA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS FL

City & State

ALTAMONTE SPRINGS FL

4. FEI Number

59.3750002

Applied For

☐ Not Applicable

Zip

32701

Country

USA

Zip

32701

Country

USA

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

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA,
 INC.
 390 N ORANGE AVE STE 1100
 ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MUSCATO, NICHOLAS J**
 CITY-ST-ZIP **360 FOREST PK CIRD #13
 LONGWOOD FL 32779**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **360 FOREST PARK CIRCLE**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **STEINMETZ, LOUIS**
 CITY-ST-ZIP **1915 LOST SPRING CT
 LONGWOOD FL 32779**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **LONGWOOD, FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

13. 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 11 or Block 12 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

1-21-02

407.262.0433

Date

Daytime Phone #

CR2E034 (9/01)