2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000124182 **DOCUMENT #**

1. Entity Name

ALL AMERICAN SIDING,-INC.



Principal Place of Business 4241 BAYMEADOWS ROAD

JACKSONVILLE FL 32217

2. Principal Place of Business

Mailing Address
4241 BAYMEADOWS ROAD SUITE 5

JACKSONVILLE FL 32217

3. Mailing Address 6820 57



03 SEP 10 AM 11: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Suite, Apt. #	, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
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TACKSONVILLE, FL			City 8	E, FC	;- ·	45	-049	198	// .		lot Applicable		
Jncr Zip	300	Country	Zip	217	Coun	try 5			tificate of Statu			\$8.75 Ac Fee Requir	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
	<u> </u>					Name							
JOSEPH, JOSEPH M 4241 BAYMEADOWS ROAD 6820 ST AUGUSTINE RD.							Street Address (P.O. Box Number is Not Acceptable)						
-SUITE 5-	-												
JACKSONVILLE FL 32217											_	Zip Co	
the obligati	ons of regis	ty submits this statement fo tered agent.				ed office or i				State of Flo	DA		1, and accept
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State								ADD	9. Election C Trust Fund	d Contribution	on.	☐ Àdd	.00 May Be led to Fees
10.		OFFICERS AND	DIRECTO	RS	11.		12 T	AUD	HUNS/CHAN	363 10 0/1	I IOLIIO	Change	
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12. I hereby	certify that	the information supplied wi	th this filing	g does not qualify I accurate and the	tor the eart my sign	xemption sta nature shall f	ited in Si have the	same l	egal effect as if	made unde	er oath; the	hat I am an off	icer or director 0 or Block 11 if

indicated on this report or supplemental report is true and accurate and that my signature shall have the same regal effect as it 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 attach mention and address, with all other like empowered.

SIGNATURE:

WE MOSEREM JOSEPH III



FLORIDA DEPT OF STATE DIVISION OF CORPORATIONS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

RE: WAIVER PER INSTRUCTIONS

ALL AMERICAN SIDING, INC. INCORPORATED NEAR THE END OF 2002. SINCE THAT TIME TO PRESENT, I HAVE NOT RECEIVED ANY CORRESPONDENCE NOR REPORTS FROM THE STATE UNTIL THIS CURRENT UBR REPORT. I AM THEREFORE REQUESTING A WAIVER OF THE ADDITIONAL \$400 FEE AND ENCLOSING PAYMENT OF \$150 ALONG WITH THE REPORT IN QUESTION.

YOUR CONSIDERATION IS APPRECIATED.

SINCERELY,

JOSEPH M. JOSEPH, PRESIDENT ALL AMERICAN SIDING, INC.