

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000017151

1. Entity Name

ALL AMERICAN REMODELING CO.

Principal Place of Business

512 TALAFLO ST
TALLAHASSEE FL 32308

Mailing Address

512 TALAFLO ST
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

02-18-00 90025 001 \$150.00

4. FEI Number 59-3170950

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

DE LAO, HECTOR
512 TALAFLO ST
TALLAHASSEE FL 32308

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME DE LAO, HECTOR
STREET ADDRESS 485 W MADISON ST
CITY-ST-ZIP MONTICELLO FL 32344 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 512 Talaflo St
CITY-ST-ZIP Tallahassee, FL 32308

TITLE VPD
NAME MOTT, GORMAN
STREET ADDRESS 485 W MADISON ST
CITY-ST-ZIP MONTICELLO FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 512 Talaflo St
CITY-ST-ZIP Tallahassee, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

Date

Daytime Phone #

7-12-00 212-6641

CR2E034 15/001