2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90343 013 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000000745

1. Entity Name
ALL-AMERICAN CRATING, INC.

Principal Place of Business	Mailing Address
5224 S. ORANGE AVE. ORLANDO FL 32809 US	5224 S ORANGE ORLANDO FL 32809-7703 US

2. Principal Place of Business	3. Mailing Address
1256 LAQUINTA DRIVE	1256 LAQUINTA DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32809 — Country: ORANGE	Zip: 32809 — Country: ORANGE

4. FEI Number 59-3288369 ☐ 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
LIM, DAWN M 3163 FOREST BREEZE WY ST CLOUD FL 34771	Name: DAWN PFLANZ Street Address (P.O. Box Number is Not Acceptable): 1256 LAQUINTA DRIVE City: ORLANDO, FL Zip Code: 32809

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 Dawn Pflanz DAWN PFLANZ 4-27-00
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, 2000 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: VP NAME: LIM, DAWN STREET ADDRESS: 3163 FOREST BREEZE WY CITY-ST-ZIP: ST CLOUD FL 34771	☐ Delete	TITLE: VP NAME: PFLANZ, DAWN STREET ADDRESS: 1256 LAQUINTA DRIVE CITY-ST-ZIP: ORLANDO, FL 32809	☒ Change ☐ Addition
TITLE: P NAME: PFLANZ, RANDALL STREET ADDRESS: 3163 FOREST BREEZE WY CITY-ST-ZIP: ST CLOUD FL 34771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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: Dawn M. Pflanz 4-27-00 407 240-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)