2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State FILED DOCUMENT # P9600003248 1. Entity Name 05-18-2001 91248 047 ***150.00 ALL COAST MANUFACTURING, INC. Principal Place of Business Mailing Address 6619 S 78TH STREET 6619 S 78TH STREET 551904 RIVERVIEW FL 33569 RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address 8504-M East Adamo DR Adamo Dr 8504-M East DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3357641 Not Applicable amoa ampa Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33619 Fee Required usA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GEORGE, JEFFREY Street Address (P.O. Box Number is Not Acceptable) **6619 S 78TH STREET** #J RIVERVIEW FL 33569 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to setisfy ite intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition **PSTD** ☐ Delete TITLE Change TITLE NAME GEORGE, JEFFREY NAME STREET ADDRESS 6619N S. 78 ST STE J STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Change Addition TITLE Delete TITLE GEORGE, ROY NAME NAME STREFT ADDRESS STREET ADDRESS 6619 S 78TH STREET #J CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Change □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change [] Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition