

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000078064

1. Entity Name

ALL AMERICAN OFFICE & BUILDING MAINTENANCE, INC.

Principal Place of Business

4040 GRANDE BLVD
JACKSONVILLE BEACH FL 32250

Mailing Address

4040 GRANDE BLVD
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

5152-1 University Blvd W. Suite, Apt. #, etc.

3. Mailing Address

5152-1 University Blvd W. Suite, Apt. #, etc.

City & State

Jacksonville Florida

City & State

Jacksonville Florida

Zip

32216
32250

Country

U.S.A.
Australia

Zip

32216
32250

Country

U.S.A.

4. FEI Number

59-3401127

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCELROY, ROBB
4040 GRANDE BLVD
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name: JASON SAMS
Street Address (P.O. Box Number is Not Acceptable): 5152-1 University Blvd. W.
Jacksonville
City: Jacksonville FL Zip Code: 32216

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

Jason S. Sams 6/6/01

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MCELROY, ROBB	
STREET ADDRESS	108 RIVERSEDGE ROAD N	
CITY-ST-ZIP	ST AUGUSTINE FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMS, JASON	
STREET ADDRESS	4040 GRANDE BLVD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jason Sams	
STREET ADDRESS	4040 Grande Blvd	
CITY-ST-ZIP	Jacksonville Beach FL 32250	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robb McElroy	
STREET ADDRESS	108 Riversedge Road N	
CITY-ST-ZIP	St. Augustine, FL 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Jason Sams 5/8/01 904-247-3121

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-17-2001 91080 011 ***158.75



DO NOT WRITE IN THIS SPACE