2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90196 008 ***158.75

DOCUMENT # P96000078064

1. Entity Name
ALL AMERICAN OFFICE & BUILDING MAINTENANCE, INC.

Principal Place of Business	Mailing Address
5152-1 UNIVERSITY BLVD W JACKSONVILLE FL 32216 US	5152-1 UNIVERSITY BLVD W JACKSONVILLE FL 32216 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

SAMS, JASON
5152-1 UNIVERSITY BLVD W
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name
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 ______ DATE

9. Corporation is eligible to satisfy its intangible filing requirement and elects to [illegible]

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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. Current Officers and Directors		12. Additional/Changes to Officers and Directors	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCELROY, ROBB 108 RIVERSEDGE ROAD N ST AUGUSTINE FL 32250	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMS, JASON 4040 GRANDE BLVD JACKSONVILLE BEACH FL 32250 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: ______ 2/28/02 904-247-3121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #