

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90126 031 \*\*\*150.00

**DOCUMENT # P97000006992**

1. Entity Name

ALL AMERICAN FORM, INC.

Principal Place of Business

Mailing Address

855 THIRD ST S  
 SAFETY HARBOR FL 34695

855 THIRD ST S  
 SAFETY HARBOR FL 34695

2. Principal Place of Business

3. Mailing Address

54 GULFWINDS DR  
 Suite, Apt. #, etc.

54 GULFWINDS DR  
 Suite, Apt. #, etc.

City & State

City & State

Palm Harbor FL

Palm Harbor FL

Zip

Country

Zip

Country

34683

Pinellas

34683

Pinellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MC MANUS, ROBERT A  
 855 THIRD ST S  
 SAFETY HARBOR FL 34695

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

54 GULFWINDS DR

City

Palm Harbor

FL

Zip Code

34683

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

*Robert McManus*

Robert McManus

President

1/25/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 MC MANUS, ROBERT A  
 855 THIRD ST S  
 SAFETY HARBOR FL 34695 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Same  
 Same  
 54 GULFWINDS DR  
 Palm Harbor FL 34683 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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

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)(l), 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:

*Robert A. McManus*

2/27/01

727-938-6505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)