

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90149 041 ***150.00

DOCUMENT # P97000047026

1. Entity Name

ALL AMERICAN DISTRIBUTING, INC.

Principal Place of Business

3421 SE 95TH ST
OCALA FL 34480
US

Mailing Address

3421 SE 95TH ST
OCALA FL 34480-8920
US

2. Principal Place of Business

8875 SE C-25

Suite, Apt. #, etc.

3. Mailing Address

8875 SE C-25

Suite, Apt. #, etc.

City & State

Bellevue FL

Zip

34420

Country

US

City & State

Bellevue FL

Zip

34420

Country

US

4. FEI Number

59-3447853

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMATEA, FRANK C
500 N.E. EIGHTH AVE.
OCALA FL 34470

7. Name and Address of New Registered Agent

Name

CHARLES C. EARNEST, JR

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

9815 SE 140TH ST

City

SUMMERFIELD

FL

Zip Code

34491

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

[Signature]
Signature, typed or printed name of registered agent and title, if applicable.

CHARLES C. EARNEST, JR

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
EARNEST, CHARLES C JR
9815 SE 140TH ST
SUMMERFIELD FL 34491 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT DIR
EARNEST, CHARLES C, JR
9815 SE 140TH ST
SUMMERFIELD FL 34491 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
NANCY A. EARNEST
9815 SE 140TH ST
SUMMERFIELD FL 34491 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *[Signature]* NANCY A. EARNEST 4/26/00 (352) 245 3697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)