

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085271

1. Entity Name

ALL AMERICAN ELECTRICAL CONTRACTORS, INC.

Principal Place of Business

1503 TENNESSEE AVE  
LYNN HAVEN FL 32444  
US

Mailing Address

P.O. BOX 1413  
LYNN HAVEN FL 32444  
US

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 59-3469334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANE, DAVID W

~~201 W. 14TH STREET~~

LYNN HAVEN FL 32444

4015 Napoli Rd  
Panama City, FL  
32405

Name

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

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

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          | V                     | <input type="checkbox"/> Delete |
| NAME           | MESSER, RICKY J       |                                 |
| STREET ADDRESS | 1220 MINNESOTA AVE    |                                 |
| CITY-ST-ZIP    | LYNN HAVEN FL 32444   |                                 |
| TITLE          | P                     | <input type="checkbox"/> Delete |
| NAME           | LANE, DAVID W         |                                 |
| STREET ADDRESS | 201 W. 14TH STREET #2 |                                 |
| CITY-ST-ZIP    | LYNN HAVEN FL 32444   |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
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| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

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| 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 |                                                                   |
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| 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

Date

Daytime Phone #

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90307 050 \*\*\*150.00

746517



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)