

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90067 019 ***150.00

DOCUMENT # P97000091162

1. Entity Name

ALL AMERICAN MORTGAGE AND INVESTMENTS, INC.

Principal Place of Business

**3606 EMERSON STREET
 JACKSONVILLE FL 32207**

Mailing Address

**3606 EMERSON STREET
 JACKSONVILLE FL 32207**



2. Principal Place of Business

4741 ATLANTIC BLVD.

3. Mailing Address

4741 ATLANTIC BLVD.

Suite, Apt. #, etc.

SUITE B-2

Suite, Apt. #, etc.

SUITE B-2

City & State

JACKSONVILLE, FLA

City & State

JACKSONVILLE, FLA

Zip

32207

Country

FLA

Zip

32207

Country

FLA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3476967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRYAN, RICHARD O JR
 3606 EMERSON STREET
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name **RICHARD O. BAYAN JR**

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

4741 ATLANTIC BLVD.

SUITE B-2

City **JACKSONVILLE FLA**

FL

Zip Code **32207**

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, 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. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **BRYAN, RICHARD O JR**
 STREET ADDRESS **3606 EMERSON STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **RICHARD O. BAYAN JR** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4741 ATLANTIC BLVD. SUITE B-2**
 CITY-ST-ZIP **JACKSONVILLE FLA 32207**

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APRIL 29 2002

CR2E034 (9/01)