

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071890

1. Entity Name

ALL AMERICAN COMMUNICATIONS SERVICES, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90093 005 \*\*\*150.00

Principal Place of Business

1010 S.R. 312 - ~~SUITE 10~~  
ST. AUGUSTINE FL 32084

Mailing Address

1010 S.R. 312 - ~~SUITE 10~~  
ST. AUGUSTINE FL 32084

2. Principal Place of Business

1010 St. Rd 312  
Suite, Apt. #, etc.

3. Mailing Address

804 13th Ave S.  
Suite, Apt. #, etc.

City & State

St Aug Florida

City & State

Jax. Bch, FLA

Zip

32080

Country

USA

Zip

32250

Country

USA

4. FEI Number

59-3527976

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRANT, MOORE, MACDONALD & WELLS, P.A.  
50 NORTH LAURA STREET  
SUITE 3100  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Maureen O. Chapman

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

804 13th Ave S.

City

Jacksonville

FL

Zip Code

32250

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

Maureen O. Chapman

Pres./owner

4/25/01

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CHAPMAN, MAUREEN O  
CITY-ST-ZIP 804 13TH AVENUE SOUTH  
JACKSONVILLE BEACH FL 32250

TITLE ☒ Delete  
NAME D  
STREET ADDRESS CHAPMAN, STEPHEN R  
CITY-ST-ZIP 12 OCEANSIDE DRIVE  
ST. AUGUSTINE FL 32084

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

Maureen O. Chapman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

Daytime Phone #

904-669-1151

CR2E034 (10/00)