

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90057 006 ***150.00

DOCUMENT # P98000071890

1. Entity Name
ALL AMERICAN COMMUNICATIONS SERVICES, INC.

Principal Place of Business

~~1010 ST RD 912~~
ST AUGUSTINE FL 32080

Mailing Address

804 13TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

601 C So. Ponce De Leon Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

Zip

Country

Zip

Country

32084

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

CHAPMAN, MAUREEN O.
804 13TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name **Maureen O'Loughlin**

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

804 13th Ave. So.

City

Jax Bch.

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**

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

(NOTE: Registered Agent signature required when reinstating)

Jan 8, 2002

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 **CHAPMAN, MAUREEN O**
 STREET ADDRESS **804 13TH AVENUE SOUTH**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Resident** ☒ Change ☐ Addition
 NAME **Maureen O'Loughlin**
 STREET ADDRESS **804 13th Ave So.**
 CITY-ST-ZIP **Jacksonville Bch, FL 32250**

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

TITLE ☐ Change ☐ Addition
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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

1/8/02

Date

904-669-1151

Daytime Phone #

CP2E034 (9/01)