

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-04-2003 90154 026 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000101911

1. Entity Name

ALL AMERICAN COUNTER TOPS, INC.



Principal Place of Business

5619 70TH AVENUE
PINELLAS PARK FL 33781
US

Mailing Address

5619 70TH AVENUE
PINELLAS PARK FL 33781
US

55054252

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3547941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALE, FRED H
5650 PARK BLVD
PINELLAS PARK FL 33781-3421

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DEAN, ROBERT L
STREET ADDRESS 7181 49 AVE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33709 ☐ Delete

TITLE VP
NAME DEAN, BARBARA T
STREET ADDRESS 7181 49TH AVE N
CITY-ST-ZIP SAINT PETERSBURG FL 33709 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P. DEAN, ROBERT L. ☐ Change ☐ Addition
NAME
STREET ADDRESS 7322 PARKSIDE VILLA DR.
CITY-ST-ZIP ST. PETERSBURG FL 33709

TITLE VP. DEAN BARBARA T. ☐ Change ☐ Addition
NAME
STREET ADDRESS 7322 PARKSIDE VILLA DR.
CITY-ST-ZIP ST. PETERSBURG FL 33709

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

55054252

July 30, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Reference: All American Countertops Inc.
2003 Uniform Business Report
Document # P98000101911

To Whom It May Concern:

Enclosed, please find a check in the amount of \$150.00 for the Annual Report Fee.

I see from my notice that the late fee can be waived if I have received no previous notice..
I have not received any notices and respectfully request this penalty be waived.

Thank you for your consideration in this matter.

If you have further questions, please feel free to contact me.

Yours truly,

Robert I. Dean
President