

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H85094

1. Entity Name

ALUM-TECH CORP.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90490 002 ***150.00

Principal Place of Business

7614 PROGRESS CIRCLE
W MELBOURNE FL 32904
US

Mailing Address

1871 BEL COURT
INDIALANTIC FL 32903
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2617123

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

BREEDEN, ROBERT A.
1871 BEL CT.
INDIALANTIC FL 32903

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 DP ☐ Delete
NAME BREEDEN, ROBERT A.
STREET ADDRESS 1871 BEL CT.
CITY-ST-ZIP INDIALANTIC FL

TITLE DV ☐ Delete
NAME BREEDEN, JAMES D.
STREET ADDRESS 1823 GULF CT.
CITY-ST-ZIP INDIALANTIC FL

TITLE S ☐ Delete
NAME BREEDEN, ANITA
STREET ADDRESS 1871 BEL CT.
CITY-ST-ZIP INDIALANTIC FL

TITLE V ☐ Delete
NAME BREEDEN, TIMOTHY E.
STREET ADDRESS 980 BUTTAN AVE., S.E.
CITY-ST-ZIP PALM BAY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 BREEDEN, TIMOTHY E.
STREET ADDRESS 2800 WARING LANE
CITY-ST-ZIP MALABAR, FL 32950

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anita Breeden

3/08/01

Date

3219527344

Daytime Phone #

CR2E034 (10/00)