

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

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90101 012 ***150.00

DOCUMENT # P01000097572

1. Entity Name

ALUMINUM FASTENER SUPPLY
COMPANY, INC.



30029489

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4297 Corporate Sq. N.

Suite, Apt. #, etc.

3. Mailing Address

4297 Corporate Sq. N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

Naples FL

4. FEI Number

22-2311676

Applied For

Not Applicable

Zip

34104

Country

USA

Zip

34104

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Dana Harrison

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

1000 Tamiami Tr. N. #503

City

Naples

FL

Zip Code

34102

**DO NOT WRITE
IN THIS SPACE**

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

L. Venne

V.D.

2/3/03

Signature must be printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when translating)

DATE

January 1, May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	SD
NAME	LORI VENNE
STREET ADDRESS	4297 Corporate Sq. N.
CITY - ST - ZIP	Naples, FL 34104
TITLE	PD
NAME	GARY COAR
STREET ADDRESS	4297 Corporate Sq. N.
CITY - ST - ZIP	Naples, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. 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 on an attachment with an address, with all other like empowered:

SIGNATURE: