

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90106 005 \*\*\*150.00

**DOCUMENT # P95000024504**

1. Entity Name

**ALUMINUM FABRICATORS INCORPORATED**

Principal Place of Business

Mailing Address

12503 RHODINE ROAD  
 RIVERVIEW FL 33569-6845  
 US

16416 CARLTON LAKE RD  
 LITHIA FL 33547-1318  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3305268**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**OAKEY, ELAINE W.**  
**16416 CARLTON LAKE RD**  
**LITHIA FL 33547**

7. Name and Address of New Registered Agent

Name **ROBERT J. OAKEY**  
 Street Address (P.O. Box Number is Not Acceptable):  
**16416 CARLTON LAKE ROAD**  
 City **LITHIA** FL Zip Code **33547**

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]* *[Signature]* **Robert J. Oakey** **Robert J. Oakey** **04.25.00**  
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required upon reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	OAKEY, ELAINE W	
STREET ADDRESS	16416 CARLTON LAKE ROAD	
CITY-ST-ZIP	LITHIA FL 33547-1318	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	OAKEY, ROBERT J	
STREET ADDRESS	16416 CARLTON LAKE ROAD	
CITY-ST-ZIP	LITHIA FL 33547-1318	
TITLE		<input type="checkbox"/> Delete
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	
TITLE		<input type="checkbox"/> Delete
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	
TITLE		<input type="checkbox"/> Delete
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT J. OAKEY	
STREET ADDRESS	16416 CARLTON LAKE ROAD	
CITY-ST-ZIP	LITHIA, FL 33547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **Robert J. Oakey** **04.25.00** **813/677-3269**  
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)