

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90145 027 ***150.00

DOCUMENT # P95000071922

1. Entity Name
B & B ALUMINUM, INC.

Principal Place of Business Mailing Address
 1907 SUMMERLIN AVENUE 1907 SUMMERLIN AVENUE
 SANFORD FL 32771-3952 SANFORD FL 32773-5517

2. Principal Place of Business 3. Mailing Address
311 Hidden Lake Dr **311 Hidden Lake Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Sanford FL **Sanford FL.**

Zip Country Zip Country
32773 **Seminole** **32773** **Seminole**

4. FEI Number Applied For
59-3347699 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BIERNACKI, CHESTER J
1907 SUMMERLIN AVENUE
SANFORD FL 32771-3952

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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	
TITLE	D <input type="checkbox"/> Delete
NAME	BIERNACKI, CHESTER J
STREET ADDRESS	1907 SUMMERLIN AVENUE
CITY-ST-ZIP	SANFORD FL 32771-3952
TITLE	VP <input type="checkbox"/> Delete
NAME	CUMMINGS, ALLAN
STREET ADDRESS	1154 PASEO DEL SOL #D
CITY-ST-ZIP	CASSELBERRY FL
TITLE	VP <input type="checkbox"/> Delete
NAME	ANADIO, RAYMOND
STREET ADDRESS	1907 SUMMERLIN AVE
CITY-ST-ZIP	SANFORD FL 32771
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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: *Chester John Biernacki* Date: 1/19/00 Daytime Phone #: 407-321-6477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)