

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90152 002 \*\*\*150.00

**DOCUMENT # P98000080667**

1. Entity Name  
**FIRST QUALITY ALUMINUM, INC.**

Principal Place of Business  
**5140 41ST AVE NORTH**  
**ST PETERSBURG FL 33507**

Mailing Address  
**5140 41ST AVE NORTH**  
**ST PETERSBURG FL 33507**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1532 CANTERBURY RD N**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1532 CANTERBURY RD N**  
 Suite, Apt. #, etc.

City & State  
**ST. PETERSBURG FL**

City & State  
**ST. PETERSBURG FL**

Zip  
**33710**

Country  
**U.S.**

4. FEI Number **65-0862763** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BLOWE, LARRY W**  
**5140 41ST AVE NORTH**  
**ST PETERSBURG FL 33507**

7. Name and Address of New Registered Agent  
 Name **Jeremy W Clutter**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~1532 Canterbury Rd N~~  
 City **St. Petersburg** FL Zip Code **33710**

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: *Jeremy W Clutter* DATE: **1-11-**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BLOWE, LARRY W</b> <b>5140 41ST AVE NORTH</b> <b>ST PETE FL 33567</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CLUTTER, LASHERRA D</b> <b>1532 CANTERBURY RD N</b> <b>SAINT PETERSBURG FL 33710</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BLOWE, SHEILA</b> <b>5140 41ST AVE N</b> <b>ST PETERSBURG FL 33567</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CLUTTER, JEREMY</b> <b>1532 CANTERBURY RD N</b> <b>SAINT PETERSBURG FL 33710</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.</b> <b>Jeremy W Clutter</b> <b>1532 Canterbury Rd N.</b> <b>St. Peter 33710</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>Lasherra D Clutter</b> <b>1532 Canterbury Rd.</b> <b>St. Pete 33710</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jeremy W Clutter* DATE: **1-11-01** DAYTIME PHONE #: **528-8553**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)