

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90079 046 \*\*\*150.00

**DOCUMENT # P99000029066**

1. Entity Name  
**NORTH FLORIDA ANODIZING, INC.**

**00029955**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4007 ST. AUGUSTINE ROAD JACKSONVILLE FL 32207	Mailing Address 4007 ST. AUGUSTINE ROAD JACKSONVILLE FL 32207
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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 <b>59-3572165</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CAPLAN, HOWARD A**  
**3900 ATLANTIC BLVD.**  
**JACKSONVILLE FL 32207**

**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 \_\_\_\_\_  
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**

TITLE NAME D <b>HEILMAN, ROBERT</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>4007 ST. AUGUSTINE ROAD</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32207</b>	
TITLE NAME D <b>DUNGAN, DAVID</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>4021 SOUTHSIDE BLVD.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32216</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>Adrian R. Heilman</b>	
CITY-ST-ZIP <b>4007 St. Augustine Rd.</b>	
<b>Jacksonville, FL 32207</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>Evan R. Heilman</b>	
CITY-ST-ZIP <b>4007 St. Augustine Rd.</b>	
<b>Jacksonville FL 32207</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <b>Sec/Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>Cheryl J. Heilman</b>	
CITY-ST-ZIP <b>4007 St. Augustine Rd.</b>	
<b>Jacksonville, FL 32207</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Robert L. Heilman Jr.* **ROBERT L. HEILMAN JR.** 3/28/01 904-398-5710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0014020  
CR2E034 (10/00)