

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90361 009 \*\*\*150.00

**DOCUMENT # H15357**

**1. Entity Name**  
**SUN STATE ALUMINUM, INC.**



**Principal Place of Business**  
**37528 ST. RD. 54 W**  
**ZEPHYRHILLS FL 33541**

**Mailing Address**  
**6204 FORT KING RD**  
**ZEPHYRHILLS FL 33540**



**2. Principal Place of Business**

**6154 FORT KING RD**

**3. Mailing Address**

**6154 FORT KING RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**ZEPHYRHILLS, FL**

**City & State**

**ZEPHYRHILLS, FL**

**Zip**  
**33542**

**Country**  
**PASCO**

**Zip**  
**33542**

**Country**  
**PASCO**

**4. FEI Number** **59-2411427**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

**CORREIA, KEITH**  
**14429 SKYLINE DR.**  
**DADE CITY FL 33525**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*(Signature of registered agent or principal name of registered agent and title if applicable)*

*(NOTE: Registered Agent signature required when reinstating)*

**Date**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CORREIA, KEITH .</b>	
<b>STREET ADDRESS</b>	<b>14429 SKYLINE DR.</b>	
<b>CITY-ST-ZIP</b>	<b>DADE CITY FL</b>	
<b>TITLE</b>	<b>DVP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CORREIA, MICHAEL P</b>	
<b>STREET ADDRESS</b>	<b>37608 SKYRIDGE DR</b>	
<b>CITY-ST-ZIP</b>	<b>DADE CITY FL 33525</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*(Signature of signing officer or director)*  
**SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (10/02)