

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 304391

1. Entity Name

DALY ALUMINUM PRODUCTS INC

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90043 034 \*\*\*150.00

Principal Place of Business

Mailing Address

8502 VAN DYKE ROAD  
 ODESSA FL 33556

8502 VAN DYKE ROAD  
 ODESSA FL 33556-4729

2. Principal Place of Business

8502 Van Dyke  
 Suite, Apt. #, etc.

3. Mailing Address

Same  
 Suite, Apt. #, etc.

City & State

Odeessa FL

City & State

Zip Country

Zip

Country

Zip

Country

4. FEI Number

59-1140408

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALY, MICHAEL J.  
 8502 VAN DYKE RD.  
 ODESSA FL 33556

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

*Michael J. Daly*  
 Signature, typed or printed name of registered agent and title if applicable.

Michael J. Daly Pres.

4/23/00  
 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP DALY, MICHAEL J 8502 VAN DYKE RD ODESSA, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DALY, AUDREY 8502 VAN DYKE RD ODESSA, FL 00000	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Change <input type="checkbox"/> Addition
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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:

*Audrey Daly*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/00 813 920 0480

CR2E034 (9/99)