

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 475148

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90133 001 \*\*\*150.00

1. Entity Name  
**FREEDOM ALUMINUM SERVICES OF FT. MYERS, INC.**

Principal Place of Business

Mailing Address

2614 LAFAYETTE STREET  
FT. MYERS FL 33916-4027

2614 LAFAYETTE STREET  
FT. MYERS FL 33916-4027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1584155**

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

**MILLIGAN, JOHN P.**  
**1683 N FLOSSMOOR RD**  
**FT MYERS FL 33919**

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, 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MILLIGAN, JOHN P.</b>	
STREET ADDRESS	<b>1683 N. FLOSSMOOR ROAD</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MILLIGAN, MILDRED</b>	
STREET ADDRESS	<b>1683 N. FLOSSMOOR ROAD</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MILLIGAN, JOHN P</b>	
STREET ADDRESS	<b>1683 N. FLOSSMOOR ROAD</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MILLIGAN, MILDRED</b>	
STREET ADDRESS	<b>1683 N. FLOSSMOOR ROAD</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Mildred Milligan*  
**Mildred Milligan/Vice President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-2000

941-332-3367

Date Daytime Phone #

CR2E034 (9/99)