

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-08-2004 90187013 ***150:00
568674

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

04

DOCUMENT # **568674**

1. Entity Name
CENTRAL FLORIDA ALUMINUM PRODUCTS INC.



Principal Place of Business
**21 SUNSHINE BLVD
ORMOND BEACH FL 32174**

Mailing Address
**21 SUNSHINE BLVD
ORMOND BEACH FL 32174**

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 **59-1833234** ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATTERSON, JAMES W.
21 SUNSHINE BLVD
ORMOND BEACH FL 32174**

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 _____ 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 _____

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATTERSON, JAMES W. 21 SUNSHINE BLVD ORMOND BEACH FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied 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 registered agent; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an original signature.

SIGNATURE: *Michael J. L...* **7/2/04**

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



STATE CERTIFIED CR CO 11-632

**COMMERCIAL & RESIDENTIAL
ALUMINUM PRODUCTS**

21 Sunshine Blvd.
Ormond Beach, FL 32174
386-672-4035
Fax 386-676-2467

July 20, 2004

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

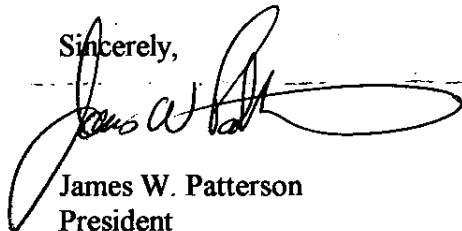
Reference Number: 568674

Please be advised we never received an original form for the 2004 Annual Report/Uniform Business Report, just a post card received 7/1/04. At that time I promptly made out the check for \$150.00 and used a copy of our previous form to submit to you.

Please waive the \$400.00 late fee for the above reason.

Thank you for your assistance in this matter.

Sincerely,



James W. Patterson
President