

FILED

03 JUN 23 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**AMENDED
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #592844			
1. Entity Name JENSEN BEACH ALUMINUM, INC.			
Principal Place of Business 1720 N W FEDERAL HIGHWAY STUART, FL 34994-9657 US		Mailing Address 1720 N W FEDERAL HIGHWAY STUART, FL 34994-9657 US	
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 59-1864240		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent XXXXXXXXXX 1720 N W FEDERAL HIGHWAY STUART, FL 33494		7. Name and Address of New Registered Agent Name GUGLIELMO LOSI Street Address (P.O. Box Number Is Not Acceptable) 1720 NW FEDERAL HIGHWAY City STUART FL Zip Code 33494	
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 <i>[Signature]</i> DATE 6/20/03 <small>Signature, name or printed name of registered agent and the jurisdiction. (NOTE: Registered Agents signature required when electing.)</small>			
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. <input type="checkbox"/> \$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	VP GRELLA DIANNE F. 1962 NE FELICITA PLACE JENSEN BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T GUGLIELMO LOSI 1887 COQUINA COVE WAY #103 PALM CITY, FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCT GRELLA, STEPHEN J 1962 NE FELICITA PLACE JENSEN BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHEN J GRELLA 1962 NE FELICITA PLACE JENSEN BEACH, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 duly empowered.			
SIGNATURE: <i>[Signature]</i> GUGLIELMO LOSI		DATE 6/20/03 (772) 692-0090 <small>One Daytime Phone #</small>	

CR2E034 (10/02)

7/6/23