

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/2

FILED

Aug 21, 2000 8:00 am  
Secretary of State

07-24-2000 90005 031 \*\*\*150.00

08-21-2000 90204 024 \*\*\*400.00

DOCUMENT # 596251

1. Entity Name

SHORTLEY ALUMINUM, INC.

R

Principal Place of Business

Mailing Address

SHORTLEY ALUMINUM INC  
3191 SW 14TH PLACE #18  
BOYNTON BEACH FL 33426  
US

864 FAIRLONG WAY  
ACWORTH GA 30101-7899  
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 59-1862791

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

SHORTLEY, JAMES C.  
3191 SW 14TH PL  
BOYNTON BEACH FL 33426

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	PD	<input type="checkbox"/> Delete
NAME	SHORTLEY, JAMES C.	
STREET ADDRESS	864 FAIRLONG WAY	
CITY-ST-ZIP	ACWORTH FL 30101	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHORTLEY, LINDA M.	
STREET ADDRESS	864 FAIRLONG WAY	
CITY-ST-ZIP	ACWORTH GA 30101	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Linda M. Shortley, Secretary

7-12-00

770

419-0793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)