

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91503 039 ***150.00

DOCUMENT # 597409

1. Entity Name
DOWELL'S ALUMINIUM, INC.

Principal Place of Business

**115 PHILADELPHIA BLVD.
PALM HARBOR FL 34684**

Mailing Address

**115 PHILADELPHIA BLVD.
PALM HARBOR FL 34684**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-0681230

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DOWELL, BEN C

115 PHILADELPHIA BLVD.

PALM HARBOR FL 34684

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, 2002 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 ☐ Delete
NAME **PD DOWELL, BEN C**
STREET ADDRESS **115 PHILADELPHIA BLVD.**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STD DOWELL, JOANNA P**
STREET ADDRESS **115 PHILADELPHIA BLVD.**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

#597409

7100960

Attachment

May 6, 2002

#597409

To Whom It May Concern,

I spoke to a gentleman in your office this morning and he told me to enclose a letter stating why this report is a little late being sent.

My husband Ben, who is 77 years old had put this in a folder to be paid with other bills for the 10th of this month, instead of the folder for bills being paid the 20th of April. He had triple by-pass surgery and a mitral-valve repair done on his heart this past year. His memory

(over)

Attachment

597409

7100960

Attachment

3

#597409

hands full taking care
of my husband, as well
as having to heal
myself and learn how
to walk again with
canes and a walker.

Please accept my apology
for this being a little
late, it wasn't done
on purpose, and I'll
make sure it's there
on time next year.

Thank You,
Joanna P. Dowell