

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

DOCUMENT # **597409**

1. Entity Name

DOWELL'S ALUMINIUM, INC.



FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90116 044 ***150.00

013597 AV

Principal Place of Business
**115 PHILADELPHIA BLVD.
PALM HARBOR FL 34684**

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



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 **57-0681230**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
DOWELL, BEN C
115 PHILADELPHIA BLVD.
PALM HARBOR FL 34684** ☐ Delete

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

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

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

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/5/03 727-786-8284

CR2E034 (4/03)

Attachment#
80136625
1597409

DIVISION OF CORP.
P.O. BOX 1500
TALLAHASSEE, FL. 32302

8/5/03.

ENCLOSED FIND CHECK FOR \$150.00
CORP. FEE. WE DID NOT RECEIVE ANY
NOTICE PRIOR TO FILE UNTIL THE NOTICE
OF LATE CHARGES. I HAVE FILED THIS
REPORT FOR 30 SOME YEARS AND THIS
IS THE SECOND TIME THAT I HAVE NOT
RECEIVED THE NOTICE BEFORE DUE DATE.
THANKS FOR COOPERATION IN THIS
MATTER.

I REMAIN
Sincerely,
[Signature]