## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **F51838** 1. Entity Name CADD ALLIMINIUM INC

## FILED Mar 14, 2001 8:00 am Secretary of State

CANN ALUWINUW, INC.						03-14-20	001 9048	4 037	***15	50.00
% JIMMY W CARR % 5879 SISSY LANE 56			5879 SISSY LANE				730	3 1	4	
2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT V	VRITE IN TH	IIS SPA	ACE	
City & State City & State				<b>4</b> . F	Ei Number	59-2143	347			applied For
Country	Zip	Coun	try	<b>5.</b> C	Certificate of	Status Desire	ed 🔲	\$8 Fe	3.75 Ac	iditional
e and Address of Current Re	gistered Agent	<u> </u>			ame and Ac	idress of Ne	w Register	ed Age	ent	7 273 15
· · · · · · · · · · · · · · · · · · ·										
CARR, JIMMY W 5879 SISSY LANE JACKSONVILLE FL 32222				ess (P.O. B	ox Number i	s Not Accept	able)			
			City					=1	Zip Co	de
gible to satisfy its Intangible and elects to do so.	FILE NOW After MAY 1, 2	!!! FEE 001 Fee	IS \$150.00 will be \$550.	00	10. Election		n Financing	те		00 May Be
			- Partinoni or		DITIONS /CL	IANGES TO (	DEELCEDS A	AND DI	DECTO	2S INI 11
ORIS M SSY LANE	☐ Delete	TITLE NAM STRE CITY	ET ADDRESS - ST-ZIP	ADI	JITIONS/CF	ANGES TO	OFFICENS A		] Change	☐ Addition
SSY LANE	□ Delete	NAM STRE CITY	E ET ADDRESS -ST-ZIP							Addition
	□ Delête	NAM STRE	E ET ADDRESS				or the second se	~[	: Change	[ Addition - :
	☐ Delete	NAM STRE	E ET ADDRESS	,					] Change	☐ Addition
	☐ Delete	NAM STRE	et address						Change	Addition
	☐ Delete	NAM	E						] Change	☐ Addition
	Country  Le and Address of Current Re  WANE  E FL 32222  Lity submits this statement for the dorprinted name of registered agent and gible to satisfy its Intangible than delects to do so.	## JIMMY W CARR 5879 SISSY LANE JACKSONVILLE FL 32222    Suite, Apt. #, etc.     City & State     Country   Zip     Let and Address of Current Registered Agent     Wane E FL 32222     State   Country   Zip     Let and Address of Current Registered Agent     Wane E FL 32222     State   Country   Zip     Wane E FL 32222     State   City & State     Wane E FL 32222     Wane E FL 32222     State   City & State     Wane E FL 32222     State   City & State     Wane E FL 32222     Wane E FL 32222     State   City & State     Wane E FL 32222     Wane E FL 3222     Wane	## SJIMMY W CARR 5879 SISSY LANE JACKSONVILLE FL 32222    Iness	## SIMMY W CARR 5879 SISSY LANE JACKSONVILLE FL 32222  ## SIMMING Address    Suite, Apt. #, etc.	# JIMMY W CARR \$979 \$ISSY LANE JACKSONVILLE FL 32222    Inness	** JIMMY W CARR 5878 ISSSY LANE JACKSONVILLE FL 32222  Incess 3. Mailing Address  Suite, Apt. #, etc.  City & State 4. FEI Number  Country Zip Country 5. Certificate of Tr. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address (P.O. Box Number is Street Address (P.O. Box Number is Left Address (P.O. Box	Mailing Address  ### JIMMY W CARR ### S979 SISSY LANE JACKSON/ILLE FL 22222    Soute, Apt. #, etc.	Address  Suite, Apt. 4, etc.  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  Country  Streel Address of Current Registered Agent  Name  Wane  F F J 32222  City  City  Streel Address (P.O. Box Number is Not Acceptable)  F F L 32222  City  City  Streel Address (P.O. Box Number is Not Acceptable)  Atter MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  OFFICERS AND DIRECTORS  Delete  NAME  STREET ADDRESS  CITY-ST-2P  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  DELETE ADDRESS  CITY-ST-2P  DELETE ADDRESS  CITY-ST-2P  DELETE ADDRESS  CITY-ST-2P  DELETE ADDRESS  CITY-ST-2	Mailing Address \$ JUMY W CARR \$879 SISSY LANE JACKSON/ILLE FL 2222  7 3 0 3 1  JACKSON/ILLE FL 2222  TO NOT WRITE IN THIS SPA  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Street Address of Current Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  Street Address (P.O. Box Number is Not Acceptable)  To Name and Address of New Registered Agent  WANE  E FL 32222  City  FL  Gib on satisfy its Intangible Land elocits to do so.  Mater MAY 1, 2001 Fee will be \$550.00  Mater Check Payable to Department of Street Address (P.O. Box Numbers of Contribution.  OPFICERS AND DIRECTORS  TILE  MAKE  STRET ADDRESS  CITY-51-2IP  Delete  TILE  MAKE  STRET ADDRESS  CITY-51-2IP  MAKE  TO ADDITIONS/CHANGES TO OFFICERS AND DI  MAKE  TO ADDRESS  MAKE  TO ADDITIONS/CHANGES  TO ADDRESS	### ### #### #########################

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