

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90017 016 ***150.00

0381092

DOCUMENT # G14672

1. Entity Name
OHRT'S QUALITY ALUMINUM CONSTRUCTION, INC.

Principal Place of Business 1515 PROSPECT DR SEBRING FL 33870 US	Mailing Address 1515 PROSPECT DR SEBRING FL 33870 US
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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 **59-1568947**

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

MCCOLLUM & JOHNSON PA
129 S COMMERCE AVE
SEBRING FL 33870

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	D <input type="checkbox"/> Delete
NAME	SOLYNTJES, JENNIFER A.
STREET ADDRESS	1515 PROSPECT
CITY-ST-ZIP	SEBRING FL

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	V <input type="checkbox"/> Delete
NAME	OHRT, JAMES E.
STREET ADDRESS	212 KITE STREET
CITY-ST-ZIP	SEBRING FL

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D <input type="checkbox"/> Delete
NAME	OHRT, FLORENE L
STREET ADDRESS	1700 JERI KAY LANE
CITY-ST-ZIP	SEBRING FL

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PD <input type="checkbox"/> Delete
NAME	SOLYNTJES, THOMAS M
STREET ADDRESS	1515 PROSPECT
CITY-ST-ZIP	SEBRING FL

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D <input type="checkbox"/> Delete
NAME	OHRT, EVERETT R.
STREET ADDRESS	1700 JERI KAY LANE
CITY-ST-ZIP	SEBRING FL

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Everett Ohrt EVERETT R. OHRT Date: 4-4-01 Daytime Phone #: 863-385-2302

CR2E034 (10/00)