

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90033 021 ***150.00

00000430



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---|--|
| DOCUMENT # J20990 | | | |
| 1. Entity Name BAY BREEZE ALUMINUM, INC. | | | |
| Principal Place of Business 5562 S. US 301 BUSHNELL FL 33513 US | | Mailing Address 5562 S. US 301 BUSHNELL FL 33513 US | |
| 2. Principal Place of Business 5224 County Road 542 F | | 3. Mailing Address 3339 County Road 721 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Bushnell, Florida | | City & State Webster, Florida | |
| Zip 33513 | | Zip 33597 | |
| Country USA | | Country USA | |
| 4. FEI Number 59-2692947 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent EADDY, CHARLES L. 3339 COUNTY ROAD 721 COUNTY ROAD 721 WEBSTER FL 33597 | | | |
| 7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | | \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP PT EADDY, CHARLES L. 3339 COUNTY ROAD 721 WEBSTER FL 33597 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP S EADDY, MARY E. 3339 COUNTY ROAD 721 WEBSTER FL 33597 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>Charles Eaddy</i> | | Date: 1-03-01 Daytime Phone #: (352) 568-3030 | |

CR2E034 (10/00)