

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90074 049 ***150.00

DOCUMENT # J50701

1. Entity Name
ARVIN ALUMINUM, INC.

Principal Place of Business

**1530 WHITLOCK AVENUE
 JACKSONVILLE FL 32211**

Mailing Address

**1530 WHITLOCK AVENUE
 JACKSONVILLE FL 32211**

2. Principal Place of Business

21 ARLINGTON Rd

3. Mailing Address

21 ARLINGTON Rd

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Jacksonville

City & State

Jacksonville

4. FEI Number

59-2751694

Applied For

Not Applicable

Zip

32211

Country

USA

Zip

32211

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ARVIN, DANIEL
 1530 WHITLOCK AVE. #8
 JACKSONVILLE FL 32211**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

21 ARLINGTON Rd Ste. 1

City

Jacksonville

FL

Zip Code

32211

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ARVIN, DANIEL**
 CITY-ST-ZIP **2240 IVY QUAIL DR W
 JACKSONVILLE FL 32225**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ARVIN, DAVID**
 CITY-ST-ZIP **12964 JULINGTON RIDGE DR E
 JACKSONVILLE FL**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ARVIN, DARRELL**
 CITY-ST-ZIP **6306 LENCZYK DR
 JACKSONVILLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **IVYLGAIL DR W.** ☒ Correction
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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

4-9-02

Date

904 744 6135

Daytime Phone #

CR2E034 (9/01)