## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

J50701 DOCUMENT # 1. Entity Name ARVIN ALUMINUM, INC. Principal Place of Business Mailing Address

City & State

21 ARLINGTON RD 21 ARLINGTON RD SUITE 1 SUITE 1 JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc.

**FILED** Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90125 029 \*\*\*150.00



Number	59-2751694	$\vdash$	Applied For Not Applicab	
		\$9.75	A ddistanci	

DATE

☐ CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARVIN, DANIEL Street Address (P.O. Box Number is Not Acceptable) 21 ARLINGTON RD STE 1 JACKSONVILLE FL 32211

City

(NOTE: Registered Agent signature required when reinstating)

Country

4. FEI

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.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

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

Country

City & State

Zip

SIGNATURE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Pred SEC NAME ARVIN, DANIEL NAME STREET ADDRESS 2240 IVYLGAIL DR W STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP TREAS ☐ Delete TITLE TITLE ARVIN, DAVID NAME NAME STREET ADDRESS 12964 JULINGTON RIDGE DR E STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP 🚐 🔲 Delete TITLE ☐ Change ☐ Addition TITLE ARVIN, DARRELL NAME NAME STREET ADDRESS 6306 LENCZYK DR STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-709 TITLE ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

<u> </u>	11 CILIAN DOCIME	SO HELOW	. (0011)					
1. Entity Nam	MENT # (J5070° UMINUM, INC.			8008	4322	•		
Principal Place of Business 21 ARLINGTON RD SUITE 1 JACKSONVILLE FL 32211		Mailing Address 21 ARLINGTON RD SUITE 1 JACKSONVILLE FL 32211						
2. Principal Place of Business		3. Mailing Address		1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-2751694	\ <del> </del>	polied For lot Applicable		
Žip Country		Zip	Country	5. Certificate of Status Desired	Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New F	<del></del>			
	AANE		Name	Name				
arvin, daniel 21° arlington RD			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
STE 1 JACKSONVILLE FL 32211		City			FL Zip Coo	de		
SIGNATURE  After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	d to if applicable NO E	, Tegistered Agent signal unit requi	g. Election Campaign Fi Trust Fund Contribution	nancing \$5.0	OO May Be		
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFF		<del></del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARVIN, DANIEL 2240 IVYLGAIL DR W JACKSONVILLE FL 32225	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	red) &EC	☐ Change	<b>⊠</b> Adaltian		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARVIN, DAVID 12964 JULINGTON RIDGE DR E JACKSONVILLE FL	□ De:ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS	☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	ARVIN, DARRELL 6306 LENCZYK DR JACKSONVILLE FL	☐ Delete	NAME STREET ADORESS CITY-ST-ZIP		Change	**Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Accition		
TITLE NAME STREET 400RESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Adsition		
indicated of the cor	pertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, wi	rue and accurate and that mi vered to execute this report a	v signarure shall have the	e same legal effect as if made under a	nath: that I am an officer	or director		

Daytime Phone #