

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J51317

1. Entity Name

ATLANTIC COAST ALUMINUM, INC.

Principal Place of Business Michael L. Gardner

% MICHAEL M. WILLIAMS  
21 SUNSHINE BLVD.  
ORMOND BCH. FL 32174

Mailing Address Michael L. Gardner

% MICHAEL M. WILLIAMS  
21 SUNSHINE BLVD.  
ORMOND BCH. FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2757520

Applied For

Not Applicable

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

GARDNER, M  
12 SUNSHINE BLVD  
ORMOND BCH. FL 32174

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

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!!! FEES 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 DP ☐ Delete  
NAME GARDNER, MICHAEL L.  
STREET ADDRESS 21 SUNSHINE BLVD.  
CITY-ST-ZIP ORMOND BCH. FL 32174

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

TITLE VP ☐ Delete  
NAME LEFEBVRE, BRIAN W  
STREET ADDRESS 611 MARLENE DRIVE  
CITY-ST-ZIP HOLLY HILL FL 32117

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

TITLE ST ☐ Delete  
NAME WILLIS, EILEEN M  
STREET ADDRESS 25 WOODLAKE DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32119

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Eileen M. Willis Eileen M. Willis 4/15/01 904-677-2677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90131 032 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)