

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90103 024 \*\*\*158.75

DOCUMENT # J63866

1. Entity Name

PERFECTION ALUMINUM, INC.

Principal Place of Business

12120 AMEDICUS LN  
FT. MYERS FL 33907  
US

Mailing Address

12120 AMEDICUS LANE  
FT. MYERS FL 33907  
US

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 59-2796535

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIN, RICHARD C.  
4909 SW 11TH AVE  
CAPE CORAL FL 33914

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!!! 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	VSP	<input type="checkbox"/> Delete
NAME	KLEIN, RICHARD C	
STREET ADDRESS	4909 SW 11TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KLEIN, DONNA K.	
STREET ADDRESS	4909 SW 11TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMOND, PATRICIA	
STREET ADDRESS	4909 SW 11TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna K. Klein Treas.

Date

Daytime Phone #

941-275-9424

3/29/01

CR2E034 (10/00)