2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J63866**

1. Entity Name PERFECTIO	N 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	<u>.</u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

FILED Apr 04, 2001 8:00 am Secretary of State

F. WRRS FL 39907 S. Principal Place of Business S. R. April #, etc. City & State City & FL City &	I LIII LO	TION ALOMINON, INC.			04-04-2001 90103	024 ***15	8.75	
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country S. Centificate of Status Desired Sold Suite Applicable File Registered Agent Name RLEIN, RICHARD C. 4008 SW 11TH AVE CAPE CORAL FL 33914 City Size Address (P.O. Box Number is Not Acceptable) City FL Zip Code Note Address (P.O. Box Number is Not Acceptable) City FL Zip Code Note Address (P.O. Box Number is Not Acceptable) Size 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 diffice or registered agent, or both, in the State of Fiorida. Signature Suprish Machine Agent agencia read and its series of the purpose of Code Registered Agent agencia read agent, or both, in the State of Fiorida. Signature Transport or Box (P.O. Box Number is Not Acceptable) Attention of the purpose of changing its registered agent, or both, in the State of Fiorida. Signature Transport or Box (P.O. Box Number is Not Acceptable) City FL Zip Code Attention of the purpose of changing its registered agent, or both, in the State of Fiorida. Signature Transport or Box (P.O. Box Number is Not Acceptable) Attention of Fiorida agent or Box (P.O. Box Number is Not Acceptable) Attention of Fiorida agent or Box (P.O. Box Number is Not Acceptable) Attention of Fiorida agent or Box (P.O. Box Number is Not Acceptable) Attention of Fiorida agent or Box (P.O. Box Number is Not Acceptable) Attention of Fiorida agent or Box (P.O. Box Number is Not Acceptable) Attention of Fiorida agent or Box (P.O. Box Number is Not Acceptable) Attention of Fiorida agent or Box (P.O. Box Number is Not Acceptable) Attention of Fiorida agent or Box (P.O. Box Number is Not Acceptable) Attention of Fiorida agent or Box (P.O. Box Number is Not Acceptable) Attention of Fiorida agent or Box (P.O. Box Number is Not A	2. Principal f	Place of Business	3. Mailing Address	***				
City & State Ci	Cuite Ant High		Suite Ant # etc					
Size Country Zep Country S. Certificate of Status Desired Sa.75 Additional Fee Required Sa.75 Additional Fee Req		·	·	···				
Signature and address of Current Registered Agent KLEIN, RICHARD C. 4909 SW 11TH AVE CAPE CORAL FL 33914 City FL City City FL City FL City City City City FL City City City FL City	City & State		City & State		4. FEI Number 59-2796535		Applied For Not Applicable	
Name and Address of Current Registered Agent Name Na	Zip	Country	Zip	Country	5. Certificate of Status Desired			
KLEIN, RICHARD C. 490 SW 11TH AVE CAPE CORAL FL 33914 City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE 9. This corporation is aligible to satisfy its intangible Tax filling requirement and elects to do so. After MAY 1, 201 Fee will be \$550.00 After MAY 1, 201 Fee will be \$550.00 After MAY 1, 201 Fee will be \$550.00 Trust Fund Contribution. 11. OFFICIENS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NOW SITEST ADDRESS NAME KLEIN, RICHARD C STREET ADDRESS OTH 51-2P CAPE CORAL FL 33914 OTH 51-2P CAPE CORAL FL 33914 OTH 51-2P MAMMOND, PATRICIA STREET ADDRESS OTH 51-2P TITLE M	·	6. Name and Address of Curre	nt Registered Agent	<u> </u>	7. Name and Address of New Registere		eu	
Addition Addition Sireet Address (P.D. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, hyber or bread name of registered agent with the first registered agent, or both, in the State of Florida. SIGNATURE 9. This acorporation is aligible to satisfy its Intangible Tax filling requirement and elects to do so. (See orders on back) After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00	1/1 FI	N. PIOUARD O		Name				
CAPE CORAL FL 33914 City FL Zip Code City FL Zip Code 6. 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, synator sirrear name of registered agent and late it autolostes. O'CTE Registered Agent signature recolated when transcarring) P. This corporation is eligible to satisfy its Initiangible Tax Miling requirement and elects to do so. After MAY 1, 2001 Fee will be \$55,0.00 After MAY 1, 2001 Fee will be \$55,0.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NUME SIEET ADDRESS CITY-ST-ZIP TITLE T				Street Addre	ss (P.O. Box Number is Not Acceptable)	·= <u></u>		
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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 yustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if		certify that the information supplied w	ith this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further c	ertify that the	information	
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Donna K. Klein Treas. 3/