

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90084 046 ***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

11985 Amedicus Ln.

Suite, Apt. #, etc.

3. Mailing Address

11985 Amedicus Ln

Suite, Apt. #, etc.

City & State

Ft. Myers, F

City & State

Ft. Myers, F

4. FEI Number

59-2796535

Applied For

☐ Not Applicable

Zip

33907

Country

US

Zip

33907

Country

US

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

**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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VSP** ☐ Delete
 NAME **KLEIN, RICHARD C**
 STREET ADDRESS **4909 SW 11TH AVE**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

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

TITLE **TD** ☐ Delete
 NAME **KLEIN, DONNA K.**
 STREET ADDRESS **4909 SW 11TH AVE**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

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

TITLE **D** ☐ Delete
 NAME **HAMMOND, PATRICIA**
 STREET ADDRESS **4909 SW 11TH AVE**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Donna K. Klein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02 239-275-9424
 Date Daytime Phone #

CR2E034 (9/01)