

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J69181

1. Entity Name

FLORIDA KEYS ALUMINUM, INC.

FILED

02 OCT 15 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

94804 OVERSEAS HWY
KEY LARGO FL 33037
US

Mailing Address

143 CANAL STREET
TAVERNIER FL 33070
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 288

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tavernier, FL

Zip

Country

Zip
33070

Country
USA

4. FEI Number

59-2823562

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

DESANTIS JR., ROBERT
9 ABACO
KEY LARGO FL 33037

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 P ☐ Delete
NAME DESANTIS, ROBERT, JR.
STREET ADDRESS 143 CANAL STREET
CITY-ST-ZIP TAVERNIER FL 33070

TITLE P ☒ Change ☐ Addition
NAME Desantis, Robert, Jr.
STREET ADDRESS P.O. Box 288
CITY-ST-ZIP Tavernier, FL 33070

TITLE S ☒ Delete
NAME DESANTIS, JEANETTE
STREET ADDRESS 143 CANAL STREET
CITY-ST-ZIP TAVERNIER FL 33070

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400008449324
CITY-ST-ZIP 10/18/02--01053--009 **750.00

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
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)