2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2000 8:00 am Secretary of State DOCUMENT # **K12244** 1. Entity Name BONDED ALUMINUM INDUSTRIES, INC. 03-02-2000 90041 021 ***150.00 Principal Place of Business Mailing Address 13621 WALSINGHAM RD 13621 WALSINGHAM RD LARGO FL 33774-3533 **LARGO FL 33774** US 2. Principal Place of Business 3. Mailing Address 12950 WALSINGHAM RD 12950 WALSINGHAM RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State LARGO Applied For City & State 4. FEI Number 59-2868517 LARGO ドム Not Applicable Country PINELLAS Zip 33774 Zip \$8.75 Additional 5. Certificate of Status Desired ヨヨファム Pee Required NELLAS 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 12UZICKA RUZICKA, RICHARD, JR. Street Address (P.O. Box Number is Not Acceptable) 13621 WALSINGHAM RD **LARGO FL 33774** 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE TITLE ☐ Delete RUZICKA, RICHARD, JR. NAME NAME WALSINGHAM TRd # 2 12950 13621 WALSINGHAM ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUZICKA Jo 2/14/00

Date (727) 596- 403 0