

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90995 037 ***150.00

0447127 AV

DOCUMENT # K52995

1. Entity Name
BECKER ALUMINUM & CONSTRUCTION, INC.



Principal Place of Business
**2035 DOHLE ROAD
SEFFNER FL 33584
US**

Mailing Address
**P.O. BOX 1545
RIVERVIEW FL 33568
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 **59-2925638**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BECKER, MYRON
9911 SPRINGWAY DR
RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

Name **BECKER, MYRON**
Street Address (P.O. Box Number is Not Acceptable)
805 LOUISE ST.
City **BRANDON** FL Zip Code **33511**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00 -
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV** ☐ Delete
NAME **BECKER, MICHAEL**
STREET ADDRESS **2035 DOHLE ROAD**
CITY-ST-ZIP **SEFFNER FL**

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

TITLE **DP** ☐ Delete
NAME **BECKER, MYRON**
STREET ADDRESS **9911 SPRINGWAY DR**
CITY-ST-ZIP **RIVERVIEW FL**

TITLE **DP** ☒ Change ☐ Addition
NAME **BECKER, MYRON** **of ADDRESS**
STREET ADDRESS **805 LOUISE ST.**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **DS** ☐ Delete
NAME **BECKER, MARILYN**
STREET ADDRESS **9911 SPRINGWAY DR**
CITY-ST-ZIP **RIVERVIEW FL**

TITLE **DS** ☒ Change ☐ Addition
NAME **BECKER, MARILYN** **of ADDRESS**
STREET ADDRESS **805 LOUISE ST.**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Myron Becker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 813-671-2303
Date Daytime Phone #

CR2E034 (10/02)