

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K70998

1. Entity Name

GEORGE'S ALUMINUM, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90016 009 \*\*\*150.00

Principal Place of Business

Mailing Address

% GEORGE K. DELIKAT  
 5268 TAMiami COURT  
 CAPE CORAL FL 33904

% GEORGE K. DELIKAT  
 5268 TAMiami COURT  
 CAPE CORAL FL 33914-8411

2. Principal Place of Business

4114 S.W. Santa Barbara Pl.

3. Mailing Address

4114 S.W. Santa Barbara Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral Florida

City & State

Cape Coral Florida

Zip

Country

Zip

Country

33914 Lee

Lee

33914 Lee

Lee



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0110067

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

DELIKAT, GEORGE K.  
 5268 TAMiami COURT  
 CAPE CORAL FL 33904

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	DELIKAT, GEORGE K.	
STREET ADDRESS	5268 TAMiami COURT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*George K. Delikat*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George K. Delikat

Date

Daytime Phone #

4-25-00 549-9989

CR2E034 (9/99)