## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K76398** Sep 18, 2000 8:00 am Secretary of State 1. Entity Name ALUMNE MANUFACTURING, INC. 09-18-2000 90013 004 \*\*\*558.75 Principal Place of Business Mailing Address 7616 US HWY 41N 7616 US HWY 41N 1273 PORTER RD. 1273 PORTER DRIVE PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Jil*d wood* City & State City & State 4. FEI Number Applied For 65-0120059 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YANCEY, DAVID > Street Address (P.O. Box Number is Not Acceptable) 5192 SUNNLYDALE CIR S SARASOTA FL 34233 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PT Change Addition TITLE TITLE Delete Yancey, David 801 Industrial Drive YANCEY, DAVID NAME NAME STREET ADDRESS 5192 SUNNYTDALE DIR S STREET ADDRESS Wildwood FL 34785 CITY-ST-ZIP SARASOTA FL 34221 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE Kizer, Darla 4412 Golden Lake Drive NAME YANCEY, ANITA NAME STREET ADDRESS 5192 SUNNYDALE CIR S STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP parasota FL 34233 SARASOTA FL 34221 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: