

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K77511

1. Entity Name

BOB'S ALUMINUM, INC.

FILED

Apr 29, 2000 8:00 am  
Secretary of State

04-29-2000 90005 026 \*\*\*150.00

Principal Place of Business

Mailing Address

% LEON M. BOYAJAN, II  
1125 STERLING RD., STE 4  
INVERNESS FL 34450

% LEON M. BOYAJAN, II  
1125 STERLING RD., STE 4  
INVERNESS FL 34450-3979

2. Principal Place of Business

9631 E. JACANA LOOP  
Suite, Apt. #, etc.

3. Mailing Address

9631 E. JACANA LOOP  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

INVERNESS FL

City & State

INVERNESS FL

4. FEI Number

59-2945594

Applied For

Not Applicable

Zip

Country

34450-2842 US

Zip

Country

34450-2842 US

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

BOYAJAN, LEON M., II  
1125 STERLING RD.  
STE 4  
INVERNESS FL 34450

2303 W. HWY 44  
INVERNESS FL 34453-3809

Name

Street Address (P.O. Box Number is Not Acceptable)

2303 W. HWY 44

City

INVERNESS

FL

Zip Code

34453-3809

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	PTD	<input type="checkbox"/> Delete
NAME	LENTZ, ROBERT F., JR.	
STREET ADDRESS	9631 E. JACANA LOOP	
CITY-ST-ZIP	INVERNESS FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LENTZ, BRENDA	
STREET ADDRESS	9631 E. JACANA LOOP	
CITY-ST-ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT F. LENTZ JR PRESIDENT

4/22/00

Date

352-637-3579

Daytime Phone #

CR2E034 (9/99)