

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90182 023 ***150.00

DOCUMENT # K90527
 1. Entity Name
ALUMINUM SPECIALTIES, INC.

Principal Place of Business 1506 E MLKING BLVD TAMPA FL 33614 US	Mailing Address P O BOX 360581 TAMPA FL 33673 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2954330	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MULEY, CHARLES G.
3012 W BROAD ST
TAMPA FL 33614

7. Name and Address of New Registered Agent
 Name **Muley, Vivian G.**
 Street Address (P.O. Box Number is Not Acceptable) **3012 W. Broad St.**
 City **Tampa** FL Zip Code **33614**

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 **Death certificate for Charles G. Muley attached / Vivian G. Muley** DATE **6-14-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE PTD	<input checked="" type="checkbox"/> Delete
NAME MULEY, CHARLES G.	(Deceased)
STREET ADDRESS 3012 W BROAD ST	
CITY-ST-ZIP TAMPA FL	
TITLE VSD PTD	<input type="checkbox"/> Delete
NAME MULEY, VIVIAN G.	Pres.
STREET ADDRESS 3012 W BROAD ST	
CITY-ST-ZIP TAMPA FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Alison M. Muley	
STREET ADDRESS 3014 W. Broad St	
CITY-ST-ZIP Tampa, FL 33614	
TITLE Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Carin M. Muley	
STREET ADDRESS 3012 W. Broad St.	
CITY-ST-ZIP Tampa, FL 33614	
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	
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: **Vivian G. Muley** DATE: **6-14-02** DAYTIME PHONE #: **(813) 249-3232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

Attachment

B0128078

#K90527

ALUMINUM SPECIALTIES, INC.

1506 E. M. L. KING BLVD.

TAMPA, FL 33673

(813) 247-3232

JUNE 12, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam;

Enclosed is the renewal form for the business Aluminum Specialties, sorry for it's delay, it was just found today. As is stated on the form the previous owner, Charles G. Muley, recently died and we have been trying to handle his business affairs and did not know that this form was due to be sent.

Enclosed is a copy of the death certificate. We are in the process of decideing wheather to keep the business open or not or to sell it. Thank you for your patience.

Could you please send me the form to change this corporate name to someone else if we decide to sell.

Sincerely,

Vivian G. Muley

Vivian G. Muley

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

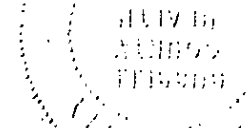
This is a true and exact copy of the record on file with the Russell County Health Department.

Attachment

BD128078

Signature of Registrar
Candice K. Brasley

Date of Issue
Dec 7, 2001 FF K90527



ALABAMA CERTIFICATE OF DEATH

State File Number 101

TYPE IN PERMANENT BLACK INK. DO NOT USE GREEN, RED, OR BLUE INK.

3. _____
6. _____
19. _____
20. _____
26. _____
27. _____
34. _____

1. DECEASED—NAME First Middle Last (Type last name all capitals) Charles G. MULEY, 111			2. DATE OF DEATH (Month, Day, Year) November 24, 2001		3. COUNTY OF DEATH Russell		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Opelika 36801			5. INSIDE CITY LIMITS (Specify Yes or No) No		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) Talbot Rd.		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DCA) No			8. OF HISPANIC ORIGIN (Specify Yes or No. If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) No		9. RACE—(Specify American Indian, Black, White, etc.) White		
10. SEX Male			11. AGE 56 YES. MRS. DAYS HOURS MINS.		12. UNDER 1 YEAR UNDER 1 DAY February 2, 1945		
13. DATE OF BIRTH (Month, Day, Year)			14. DECEASED'S SOCIAL SECURITY NUMBER 262-70-0347		15. EDUCATION (Specify ONLY highest grade completed below: Elementary or High School (9-12) College (1-4 or 5+)) 12		
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married			17. SURVIVING SPOUSE (If wife, give maiden name) Vivian Garcia		18. Was Decedent ever in Armed Forces (Specify Yes or No) No		
19. STATE OF BIRTH (If not in USA, name country) Florida		20. RESIDENCE—STATE Florida		21. COUNTY Hillsborough		22. CITY, TOWN, OR LOCATION AND ZIP CODE Tampa 33614	
23. INSIDE CITY LIMITS (Specify Yes or No) yes		24. STREET AND NUMBER 3012 West Broad		25. INFORMANT—Name and Address Vivian G. Muley 3012 W. Broad, Tampa, FL 33614			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Self Employed			27. KIND OF BUSINESS OR INDUSTRY Aluminum Specialties				
28. FATHER—NAME First Middle Last Charles G. Muley, III			29. MOTHER NAME OF MOTHER—First Middle Last Marion Cacciatore				
30. INFORMATION OF BODY (Specify Burial, Cremation, Donation, Anatomical Disposition, Other) Cremation		31. DATE OF DISPOSITION Dec. 6, 2001		32. CEMETERY OR CREMATORY—Name On Call Crematory		33. LOCATION—City or town—State Pinellas Park, FL	
34. FUNERAL HOME—Name and Address P.O. Box 2548, Phenix City, AL 36868			35. FUNERAL DIRECTOR—Signature <i>Barry Swell</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Nov. 30, 2001		
37. Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the causes and manner stated." Signature: <i>[Signature]</i>			38. DATE SIGNED (Month, Day, Year) 12-03-2001		39. TIME AND DATE OF DEATH 11-24-2001 09:35 P.M.		
40. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 48) 1910-18th St., Phenix City, AL 36867			41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 48) Jerry E. Key, Coroner		42. CERTIFIER LICENSE NUMBER		
43. REGISTRAR—Signature <i>Candice K. Brasley</i>			44. DATE FILED (Month, Day, Year) Dec 7, 2001		45. DATE SIGNED BY REGISTRAR		

MEDICAL CERTIFICATION

46. PART I. Enter the diagnosis, injuries, or complications that caused the death. Do not enter the cause of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition immediately preceding death) → Arteriosclerotic and Hypertensive		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (OR AS A CONSEQUENCE OF): Heart Disease			
DUE TO (OR AS A CONSEQUENCE OF):			
DUE TO (OR AS A CONSEQUENCE OF):			
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or (U/L))	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural		50. AUTOPSY (Specify Yes or No) yes	
51. HOW INJURY OCCURRED (Enter nature of injury in item 46, Part I or item 47, Part II)		52. DATE OF INJURY (Month, Day, Year)	
53. INJURY AT WORK (Specify Yes or No)		54. HOUR OF INJURY	
55. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)		57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)	

This is a legal record and must be filed within five (5) days after death.

NAME OF DECEASED

COMPLETED