

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L12878

1. Entity Name

BEASLEY ALUMINUM PRODUCTS, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90067 023 ***150.00

Principal Place of Business

Mailing Address

1540 N. GARFIELD AVE.
DELAND FL 32724

1540 N. GARFIELD AVE.
DELAND FL 32724-2424

2. Principal Place of Business

1428 S. Ridgewood Ave.
Suite, Apt. #, etc.

3. Mailing Address

Same As Business
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deland FL

City & State

4. FEI Number

59-2626319

Applied For

Not Applicable

Zip

Country

32720 Volusia

Zip

Country

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

BEASLEY, AL G
1428 S RIDGEWOOD AVE
DELAND FL 32724

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

TITLE PD
NAME BEASLEY, AL G.
STREET ADDRESS 1428 S RIDGEWOOD AVE
CITY-ST-ZIP DELAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

5/T
Joseph L. STORA
4319 McCurvey Road
Deland, FL 32724

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Al G. Beasley, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2000 904-736-2844
Date Daytime Phone #

CR2E034 (9/99)