

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0548587 AV

**DOCUMENT # L15148**

1. Entity Name  
**MCCARTHY ALUMINUM, INC.**

04-01-2002 90672 044 \*\*\*150.00

Principal Place of Business  
**C/O JAMES G. MCCARTHY**  
**5724 OCEANIC RD**  
**HOLIDAY FL 34690**

Mailing Address  
**PO BOX 3561**  
**HOLIDAY FL 34690**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**C/O James G. McCarthy**  
 Suite, Apt. #, etc.  
**7717 Mokena CT.**

3. Mailing Address  
**7717 Mokena CT.**  
 Suite, Apt. #, etc.

City & State  
**NewPort Richey FL.**

City & State  
**NewPort Richey, FL.**

4. FEI Number  
**59-2968611**

Applied For  
 Not Applicable

Zip  
**34654**

Country  
**USA**

Zip  
**34654**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCCARTHY, JAMES G.**  
**5724 OCEANIC RD**  
**HOLIDAY FL 34690**

**7. Name and Address of New Registered Agent**

Name  
**McCarthy James G.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7717 Mokena CT.**  
 City  
**NewPort Richey** **FL** Zip Code  
**34654**

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 \_\_\_\_\_ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>MCCARTHY, JAMES G.</b> <b>5724 OCEANIC RD</b> <b>HOLIDAY FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>MCCARTHY, RUTH A.</b> <b>5724 OCEANIC RD</b> <b>HOLIDAY FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.P.</b> <b>MCCARTHY, James G.</b> <b>7717 Mokena CT.</b> <b>New Port Richey, FL. 34654</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.S.</b> <b>McCarthy, Ruth A.</b> <b>7717 Mokena CT.</b> <b>NewPortRichey, FL. 34654</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Yost, Vaughan</b> <b>5657 Oceanic Rd</b> <b>Holiday, FL. 34690</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James G. McCarthy **James G. McCarthy** 3/20/2002 (727) 815 9396  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)