

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

AMENDED

07-16-2002 90361 001 \*\*\*\*\*61.25

FILED

02 JUL 19 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L15148**

1. Entity Name

**McCarthy Aluminum Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**James G. McCarthy**

Suite, Apt. #, etc.

**7717 Mokena CT.**

City & State

**New Port Richey, FL**

Zip  
**34654**

Country  
**USA**

3. Mailing Address

**7717 Mokena CT.**

City & State

**New Port Richey, FL**

Zip  
**34654**

Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2968611**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **McCarthy, James G.**

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

**7717 Mokena CT.**

City **New Port Richey**

FL

Zip Code **34654**

**DO NOT WRITE IN THIS SPACE**

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 is required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended UBR is \$61.25  
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 **D.P. McCarthy, James G.**  
STREET ADDRESS **7717 Mokena CT.**  
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE  
NAME **V.S. McCarthy, Ruth A.**  
STREET ADDRESS **7717 Mokena CT.**  
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE  
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**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 007, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**James G. McCarthy** James G. McCarthy 7/10/2002 815-9396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2034B (12/01)