

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2001 8:00 am  
Secretary of State

04-14-2001 90038 020 \*\*\*150.00

DOCUMENT # L39412

1. Entity Name

ALUMINATE ALUMINUM PRODUCTS, INC.

Principal Place of Business

625 S LAKESHORE WAY  
P.O. BOX 1176  
LAKE ALFRED FL 33850  
US

Mailing Address

625 S LAKESHORE WAY  
P.O. BOX 1176  
LAKE ALFRED FL 33850  
US

2. Principal Place of Business

625 S. Lake Shore Way  
Suite, Apt. #, etc.

3. Mailing Address

625 S. Lake Shore Way  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Alfred FL  
Zip 33850 County POLK

City & State

Lake Alfred FL  
Zip 33850 County POLK

4. FEI Number

59-2980111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAMMOND, DALE  
189 PINWOOD LANE  
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name DALE A HAMMOND, DALE A  
Street Address (P.O. Box Number is Not Acceptable)  
1302 ARIANA WOODS Circle  
City Auburndale FL Zip Code 33823

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

Sherry Hammond  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 06/10/00

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	HAMMOND, DALE	
STREET ADDRESS	189 PINWOOD LANE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMOND, SHERRY	
STREET ADDRESS	189 PINWOOD LANE	
CITY-ST-ZIP	WINTER HAVEN 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hammond, Dale	
STREET ADDRESS	1302 Ariana Woods Circle	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hammond, Sherry	
STREET ADDRESS	1302 Ariana Woods Circle	
CITY-ST-ZIP	Auburndale FL 33823	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/10/01 863 958 3545  
Date Daytime Phone #

CR2E034 (10/00)