

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90004 046 ***150.00

DOCUMENT # L39496

1. Entity Name

ALL LINE ALUMINUM, INC.

Principal Place of Business

**4090 SHOAL LINE BLVD.
 SPRING HILL FL 34607**

Mailing Address

**4080 SHOAL LINE BLVD
 SPRING HILL FL 34607
 US**

914804

2. Principal Place of Business

7102 PORPOISE ST

3. Mailing Address

7102 PORPOISE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SPRINGHILL, FLA -

City & State

SPRINGHILL, FLA

4. FEI Number

59-2990287

Applied For

Not Applicable

Zip

34607

Country

USA

Zip

34607

Country

THE NETHERLANDS

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

**ARCHIBALD, STEVE A.
 4080 SHOAL LINE BLVD
 SPRING HILL FL 34607**

Name

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

7102 PORPOISE STREET

City

SPRINGHILL

FL

Zip Code

34607

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

Steve Archibald

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/31/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ARCHIBALD, STEVE A.	
STREET ADDRESS	4080 SHOAL LINE BLVD	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	ARCHIBALD, DARLENE M.	
STREET ADDRESS	7102 PORPOISE ST.	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

Steve Archibald
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVE A. ARCHIBALD

Date

Daytime Phone #

1-31-01 (352) 597-0085

CR2E034 (10/00)