

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L68515

1. Entity Name

ENTERPRISE ALUMINUM & SCREENING, INC.

Principal Place of Business

Mailing Address

4015 PINES IND BLVD
ROCKLEDGE FL 32955
US

890 BARTEL LANE
ROCKLEDGE FL 32955-4154
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3010054

Applied For

Not Applicable

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

DARLING, JUDITH

890 BARTEL LANE

ROCKLEDGE FL 32955

Name: **DERICK S DARLING**

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

230 Richland Ave

City

m.I.

FL

Zip Code

32953

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

Derick Scott Darling

Derick Scott Darling

DATE

3/28/00

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, 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	<input checked="" type="checkbox"/> Delete
NAME	DARLING, JUDITH	
STREET ADDRESS	890 BARTEL LANE	
CITY-ST-ZIP	ROCKLEDGE 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERICK S. DARLING	
STREET ADDRESS	230 Richland Ave	
CITY-ST-ZIP	m.I., FL. 32953	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith Darling	
STREET ADDRESS	890 Bartel Ln.	
CITY-ST-ZIP	Rockledge, FL. 32955	
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:

Derick Scott Darling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 24, 2000 8:00 am
Secretary of State

04-07-2000 90066 006 *****8.75

05-24-2000 90007 043 ***150.00

CR2E034 (9/99)