

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90035 032 ***150.00

DOCUMENT # L72228

1. Entity Name

PIONEER ALUMINUM CORPORATION

Principal Place of Business

**7830 38TH AVENUE NORTH
 SUITE 31
 ST. PETERSBURG FL 33710
 US**

Mailing Address

**7830 38TH AVENUE NORTH
 SUITE 31
 ST. PETERSBURG FL 33710
 US**

2. Principal Place of Business

119 91ST AVENUE

Suite, Apt. #, etc.

TREASURE ISLAND,

City & State

FLORIDA

Zip

33706

Country

US

3. Mailing Address

119 91ST AVENUE

Suite, Apt. #, etc.

TREASURE ISLAND

City & State

FLORIDA

Zip

33706

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3020717

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ENGLANDER & FISCHER P.A.
 721 FIRST AVENUE NORTH
 ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

TIMOTHY J. REILLY

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

119 91ST AVENUE

City

TREASURE ISLAND

FL

Zip Code

33706

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 Timothy J. Reilly **TIMOTHY J. REILLY** **4/1/2002**

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

(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 **PST** ☐ Delete
 NAME **REILLY, TIMOTHY J.**
 STREET ADDRESS **7830 AVE N SUITE 31**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
 NAME **REILLY, TIMOTHY J.**
 STREET ADDRESS **119 91ST AVENUE**
 CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 Timothy J. Reilly **TIMOTHY J. REILLY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2002 **(727) 345-2500**
 Date Daytime Phone #

CR2E034 (9/01)