

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90883 039 \*\*\*150.00

**DOCUMENT # L73211**

1. Entity Name  
**R & M ALUMINUM, INC.**

Principal Place of Business  
**1814 E LEEWYNN DR.  
 SARASOTA FL 34240**

Mailing Address  
**P.O. BOX 7010  
 SARASOTA FL 34278**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2322 Seattle Slew Rd**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**Sarasota, FL**

Suite, Apt. #, etc.

City & State  
**34240**

City & State

Zip

Country

**USA**

Zip

Country

4. FEI Number  
**59-3020629**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BURNS, RICK A  
 1814 E. LEEWYNN DR  
 SARASOTA FL 34230**

**Burns Rick A  
 2322 Seattle Slew Rd  
 Sarasota, FL 34240**

7. Name and Address of New Registered Agent

Name **Burns Togg A**  
 Street Address (P.O. Box Numbers Not Acceptable)  
~~2322 Seattle Slew Rd~~ **2322 Seattle**  
~~Sarasota~~ **Slew Rd**  
 City ~~Sarasota~~ **Sarasota** **FL** Zip Code ~~34240~~ **34240**

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 **Rick A Burns Rick A Burns Rick A Burns** **4-10-02**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PS BURNS, RICK A 1814 E. LEEWYNN DRIVE SARASOTA FL 34230</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec Burns Togg A 2322 Seattle Slew Rd Sarasota, FL 34240</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED** **4-10-02** **941-378-2490**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

**Togg Burns Togg A. Burns** **5-13-02** **941 378-2490**

CR2E034 (9/01)