2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 24 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002389

1. Entity Name

Ideal Aluminum Products, LLC

Principal Place of Business

531 Codisco Way
Sanford, FL 32771

Mailing Address

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3582845

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C. THOMAS SELBY
250 INTERNATIONAL PKWY
Suite #150
HEATHROW, FL 32746

7. Name and Address of New Registered Agent

Name

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

NO CHANGE

City | FL | Zip Code

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

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

[redacted] FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	PRESIDENT, CEO ☐ Delete
NAME	Clayton PAGE
STREET ADDRESS	112 WAYSIDE CT MGRM
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	V. PRESIDENT ☐ Delete
NAME	WALTER LEHMANN
STREET ADDRESS	343 Oak Leaf Circle MGR
CITY-ST-ZIP	LAKE MARY, FL 32746
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

10. ADDITIONS / CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	000083842 12 0
CITY-ST-ZIP	-06/12/00--01013--018
	*****50.00 *****50.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E083 (11/99)

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Clayton Page

Clayton Page, CEO — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/00 — Date

407-323-7589 — Daytime Phone #