

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002389

1. Entity Name

IDEAL ALUMINUM PRODUCTS, L.L.C.

FILED

01 JAN 22 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

231 CODISCO WAY  
SANFORD FL 32771

531 CODISCO WAY  
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

531 Codisco Way  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3582845  
59-3582945

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAGE, CLAYTON  
531 CODISCO WAY  
SANFORD FL 32771

Name

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

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

000003576850--6  
-01/26/01--01070--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM PAGE, CLAYTON  
STREET ADDRESS 112 WAYSIDE CT  
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

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

TITLE NAME MGRM SELBY, C. THOMAS  
STREET ADDRESS 250 INTERNATIONAL PARKWAY, SUITE 150  
CITY-ST-ZIP HEATHROW FL 32746 ☐ Delete

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

TITLE NAME MGRM LEHMANN, WALTER  
STREET ADDRESS 343 OAK LEAF CIRCLE  
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

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

TITLE NAME MGRM CHRISTY, GARY JAMES  
STREET ADDRESS 250 INTERNATIONAL PARKWAY, SUITE 150  
CITY-ST-ZIP HEATHROW FL 32746 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/18/01

Date

407-323-7589

Daytime Phone #

CR2E083 (11/00)