

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90202 048 ***550.00

0129805 AT

DOCUMENT # M72004

1. Entity Name
GOLD COAST ALUMINUM, INC.

Principal Place of Business

% MARIANNE CLAY
 206 CHAMBERLIN BLVD
 FT PIERCE FL 34946
 US

Mailing Address

% MARIANNE CLAY
 206 CHAMBERLIN BLVD
 FT PIERCE FL 34946
 US

60074703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

206 Chamberlin Blvd
 Suite, Apt. #, etc.

3. Mailing Address

Fort Pierce FL 34946
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0059156**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

CLAY, DENNIS J
206 CHAMBERLIN BLVD
FT PIERCE FL 34946

7. Name and Address of New Registered Agent

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 *DENNIS J CLAY*

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

Dennis J. Clay

(NOTE: Registered Agent signature required when reappointing)

7/29/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **VP** ☐ Delete
 NAME **CLAY, CHRISTOPHER C**
 STREET ADDRESS **206 CHAMBERLIN BLVD**
 CITY-ST-ZIP **FT PIERCE FL 34946**

TITLE **D** ☐ Delete
 NAME **CLAY, DENNIS**
 STREET ADDRESS **206 CHAMBERLIN BLVD**
 CITY-ST-ZIP **FT PIERCE FL 34946**

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 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:

Dennis J. Clay
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/01
 Date

561-878-0882
 Daytime Phone #

CR2E034 (5/01)