

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31304

1. Entity Name

ALUMINUM ASSOCIATION OF FLORIDA, BREVARD CHAPTER
, INC.

Principal Place of Business

Mailing Address

1650 S DIXIE HWY
STE 500
BOCA RATON FL 33432
US

1650 S DIXIE HWY
STE 500
BOCA RATON FL 33432
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3147059

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMULLEN, JIM *Saunders, Paul*
1650 S DIXIE HWY
STE 500
BOCA RATON FL 33432

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

PAUL E. SAUNDERS *Paul E. Saunders* *5/15/02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME LINDSEY, ALLEN ☐ Delete
STREET ADDRESS 2125 AVOCADO AVE.
CITY-ST-ZIP MELBOURNE FL 32935

TITLE PD
NAME MARTIN, HUGH ☐ Delete
STREET ADDRESS 1581 ROBERT J CONLAN BLVD NE #104
CITY-ST-ZIP PALM BAY FL 32905

TITLE VD
NAME MARTIN, JEFF ☐ Delete
STREET ADDRESS 724 E FEE AVE
CITY-ST-ZIP MELBOURNE FL 32901

TITLE M ☒ Delete
NAME MCMULLEN, JIM
STREET ADDRESS 1650 S DIXIE HWY STE 500
CITY-ST-ZIP BOCA RATON FL 33432

TITLE STD
NAME WEIL, HANK ☐ Delete
STREET ADDRESS 2870 KIRBY AVENUE NE UNIT 1
CITY-ST-ZIP PALM BAY FL 32905

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE MD ☐ Change ☒ Addition
NAME *Saunders, Paul*
STREET ADDRESS *1650 S Dixie Hwy Suite 500*
CITY-ST-ZIP *Boca Raton, FL 33432*

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Paul E. Saunders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 *(561) 362-9019*

Date

Daytime Phone #

FILED
May 29, 2002 8:00 am
Secretary of State

05-05-2002 90035 001 ***840.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)