

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90103 050 \*\*\*150.00

0613442

**DOCUMENT # P00000024087**

1. Entity Name

**AMERICAN ALLIED ALUMINUM & RECYCLING CORPORATION**

Principal Place of Business

15940 OLD 441  
TAVARES FL 32778

Mailing Address

15940 OLD 441  
TAVARES FL 32778

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

39-3633120

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

LEVIN, PATRICIA G  
617 N. CLAYTON STREET  
MOUNT DORA FL 32757

Name

Cynthia A Miller

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

12253 Berry Lane

City

Floral City

FL

Zip Code

34436

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 *Cynthia A Miller*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **LEGGETT, CHRISTINE A**  
 STREET ADDRESS **10209 MINNOW COURT**  
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **PT/IS** ☒ Change ☐ Addition  
 NAME **Christine A. Eastman**  
 STREET ADDRESS **10209 E Minnow Ct**  
 CITY-ST-ZIP **Inverness FL 34450**

TITLE **D** ☒ Delete  
 NAME **FLANSBURGH, PATRICIA A**  
 STREET ADDRESS **40235 OAK RIDGE DRIVE**  
 CITY-ST-ZIP **LADY LAKE FL-32159**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition  
 NAME **Cynthia A Miller**  
 STREET ADDRESS **12253 Berry Lane**  
 CITY-ST-ZIP **Floral City, FL 34436**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: *Christine A. Eastman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/01* *352-343-5144*  
 Date Daytime Phone #

CR2E034 (10/00)