

2001 UNIFORM BUSINESS REPORT (UBR)

4/13/

FILED

May 05, 2001 8:00 am
Secretary of State

04-13-2001 90004 014 ***150.00

DOCUMENT # P00000068400

1. Entity Name

MID-KEYS ALUMINUM AND GLASS, INC.

Principal Place of Business

Mailing Address

~~10263 AVIATION BLVD~~ **10623 Aviation Blvd**
MARATHON FL 33050

~~10263 AVIATION BLVD~~ **10623 Aviation Blvd**
MARATHON FL 33050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

651058783

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

WRIGHT, THOMAS D
9711 OVERSEAS HWY, STE 5
MARATHON FL 33050

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

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	PD	<input type="checkbox"/> Delete
NAME	PERRY, MICHAEL W	
STREET ADDRESS	10263 AVIATION BLVD 10623 Aviation Blvd	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	CARNEY, PERRY	
STREET ADDRESS	10263 AVIATION BLVD 10623 Aviation Blvd	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Perry Carney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01

Date

305-289-0423

Daytime Phone #

CR2E034 (10/00)