**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 25, 2001 8:00 am DOCUMENT # P0000071219 **Secretary of State ALUMINUM SPECIALISTS INCORPORATED** 01-25-2001 90252 035 \*\*\*150.00 Principal Place of Business Mailing Address 3456 1ST RD 3456 1ST RD VERO BEACH FL 32968 VERO BEACH FL 32968 B0609715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRUGER, KENT A Street Address (P.O. Box Number is Not Acceptable) 3456 1ST RD VERO BEACH FL 32968 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. P/V/5/T/D Delete Change ☐ Addition TITLE TITLE KRUGER, KENT NAME NAME 3456 1ST RD STREET ADDRESS STREET ADDRESS VERO BEACH FL 32968 CITY-ST-7IP CITY-ST-7IP **★** Addition Change TITLE ☐ Delete THIE RICK L. MADON NAME NAME 1086 8th Street STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32968 CITY-ST-ZIP CITY-ST-ZIP TITLE \_ Delete TITLE Charles A. Walker NAME NAME 1916 78th COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS 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.

E034 (10/00)

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PROS. 1/15/01 561-567-0281