## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## P00000079355 **DOCUMENT #**

1. Entity Name



**FILED** Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90085 002 \*\*\*150.00

SUBJECT RESIDENCE OF BUSINESS SARASOTA FL 34243  2. Principal Place of Business Subject 4, ric.  Subject April 4,	MARSH'S ALUMINUM, INC.											
Suite. Apt. 4, otc.  City & State  City & State  City & State  City Suite.  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  ARRSH, TIMOTHY W 2306 61ST ST  SARASOTA FL 34243  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or born, in the State of Forida. I am familiar with, and accept the originations of registered agent, or born, in the State of Forida. I am familiar with, and accept the originations of registered agent, or born, in the State of Forida. I am familiar with, and accept the originations of registered agent, or born, in the State of Forida. I am familiar with, and accept the originations of registered agent, or born, in the State of Forida. I am familiar with, and accept the originations of registered agent, or born, in the State of Forida. I am familiar with, and accept the originations of registered agent, or born, in the State of Forida. I am familiar with, and accept the originations of registered agent, or born, in the State of Forida. I am familiar with, and accept the origination of registered agent, or born, in the State of Forida. I am familiar with, and accept the origination of registered agent, or born, in the State of Forida. I am familiar with, and accept the origination of registered agent.  FLE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee with 5550.00  After May 1, 2008 Fee with 5550.00  Make Check Payable to Flerida Department of State  9. Steel Address of New Registered Agent.  PILE NOW!! FEE IS \$150.00  Agent Agents  OPT-CERS AND DIRECTORS N 1 1.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 1 1.  ADDITIONS/CHANGES TO	2306 61ST ST		2306 61ST ST									
City & State  Country  Country  Country  Country  E. Certificate of Status Desired  S. 2.5 Additional Fee Regulated  S. 1. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Street Address (P.C. Box Number is Not Acceptable)  City  FL Zip Code  A. The above named entity submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Florida. Jam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Jam familiar with, and accept the obliga	2. Principal P	lace of Business	3. Mailing Address									
Zip Country Zip Country 5. Certificate of Status Desired Sa.75 Additional Fee Regulater Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address Name New Registered Agent 7. Name and Address Name Name Name Name Name Name Name Name	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE	IF MAKING	G CHANGES		
Country   Country   Country   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional	City & Stat	е	City & State				4.	FEI Number 65-1042651			<del>``</del>	]
S. Name and Address of Current Registered Agent	Zip	Country	Zip	Zip Coun			5.	Certificate of Status Desired		<b>\$8.75</b> Ad	Iditional	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City	<del></del>	6. Name and Address of Curren	Registered Agent				7.	Name and Address of New F	Registered			1
Sireer Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip	-	ياشماره وفائر ممت		72×4				· · · .	Į.			]
SARASOTA FL 34243  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (MOTE Registered Agent signature required when remission)  Parts  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D OFFICERS AND DIRECTORS IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D OFFICERS AND DIRECTORS IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D OFFICERS AND DIRECTORS IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D OFFICERS AND DIRECTORS IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D OFFICERS AND DIRECTORS IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D OFFICERS AND DIRECTORS IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D OFFICERS AND DIRECTORS IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D OFFICERS AND DIRECTORS IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D OFFICERS AND THE 34243  GITY-ST-ZP  TITLE  D OFFICERS AND THE 34243  GITY-ST-ZP  TITLE  D Delete  TITLE  NAME  SIRET ADDRESS  GITY-ST-ZP  TITLE  NAME  SIRET ADDRESS  GITY-ST-ZP  TITLE  D Delete  TITLE  NAME  SIRET ADDRESS  GITY-ST-ZP  TITLE  SIRET ADDRESS  G							Street Address (P.O. Box Number is Not Acceptable)					1
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, speed or privated name of registered agent and other if applicable.  FILE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550,00 Make Check Payable to Florida Department of State  O PFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D OFFICERS AND DIRECTORS IN 1			•						<u> </u>			╣.
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TITLE   Delete   TITLE   Change   Addition   NAME   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   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	NAME STREET ADDRESS CITY-ST-ZIP	ortific that the information are all and the	n thù filin de		NAME STREE CITY-	ET ADDRESS ST-ZIP	in Continu	110.07/QV/). Classide Code				

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SEALTH SHED SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

Date

(941)355-151Z

Daytime Phone #