

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087361

1. Entity Name

ALUMINUM MARINE PRODUCTS, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90003 038 ***150.00

Principal Place of Business

Mailing Address

6300 BCH RD.
PERRY FL 32347P. O. BOX 417
PERRY FL 32348-0417

2. Principal Place of Business

3. Mailing Address

4522 West US 98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Perry FL

City & State

4. FEI Number

59-3671321

Applied For

Not Applicable

Zip

32348

Country

USA

Zip

Country

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

FOUCHE, ROBERT C
6300 BCH RD.
PERRY FL 32347

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D	FOUCHE, PAUL R	6300 BCH RD. PERRY FL 32347	<input checked="" type="checkbox"/>		C/O Fouche, Paul R. 6300 Bench Road Perry, FL 32348			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D	FOUCHE, ROBERT C	6300 BCH RD. PERRY FL 32347	<input type="checkbox"/>		FOUCHE, ROBERT C			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul R. Fouche

Date

1-19-01

Daytime Phone #

850-223-1899

CR2E034 (10/00)