

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-03-2002 90156 037 ***150.00

DOCUMENT # P01000054141

1. Entity Name
HIGH-TECH ALUMINUM, INC.

Principal Place of Business Mailing Address
18510 FLAMINGO ROAD 18510 FLAMINGO ROAD
FORT MYERS FL 33912 FORT MYERS FL 33912



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FE# Number 65-1122318		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name IRELAND, NICKY D.		Street Address (P.O. Box Number is Not Acceptable) 18510 FLAMINGO RD.	

6. Name and Address of Current Registered Agent
SCHMIDT, DONALD M
1222 SOUTH EAST 47 STREET, SUITE 102
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent
 Name: **IRELAND, NICKY D.**
 Street Address (P.O. Box Number is Not Acceptable): **18510 FLAMINGO RD.**
 City: **FORT MYERS** FL Zip Code: **33912**

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: *Donald M Schmidt* *Nicky Ireland* DATE: **4-16-02**

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P MOTT, GORDON J 5258 TAMiami COURT CAPE CORAL FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IRELAND, NICKY D 18510 FLAMINGO ROAD FORT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment, with an address, with an other like empowered.

SIGNATURE: *Nicky Ireland* **NICKY IRELAND Vice Pres** DATE: **4-16-02**

CR2E034 (9/01)