

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90139 003 ***150.00

DOCUMENT # P01000064962

1. Entity Name
BARROW'S ALUMINUM, INC.

Principal Place of Business
4184 PINE DR.
NEW SMYRNA BEACH FL 32168

Mailing Address
4184 PINE DR.
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business
630 N Oak Pl.
Port Orange PL.
 City & State

3. Mailing Address
Oak Ave
 Suite, Apt. #, etc.
 City & State

Zip **32127** Country **USA**

Zip **32127** Country **USA**

4. FEI Number
59-3746380

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

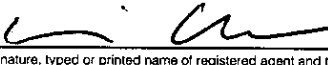
6. Name and Address of Current Registered Agent

BARROW, RALEIGH
4184 PINE DR.
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	BARROW, RALEIGH	
STREET ADDRESS	4184 PINE DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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

Date

Daytime Phone #

Attachment

971098

HP01000064962

FAX COVER SHEET

**Barrow's Aluminum, Inc.
630 H. Oak Place
Port Orange FL 32127**

Phone: 386-767-3443

Fax: 386-767-4129

Date 7/27

To: _____ **From:** _____

Fax Number: _____ **Pages:** _____

Re:

This is the first notice I have recieved
on this and when I call on 7/9/02
was told to bring it to your attention and
I would only be billed 150⁰⁰.

Thank you

with

Raleigh Barrow