

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000078755

1. Entity Name
ALUMA-PRO ENTERPRISES, INC.

Principal Place of Business
1207 ELLEN COURT
APOPKA FL 32703

Mailing Address
1207 ELLEN COURT
APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

P.O. Box 162661

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32716

Seneca

4. FEI Number

59-3751167

Applied For

Not Applicable

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

HONEYCUTT, JAY D
1207 ELLEN COURT
APOPKA FL 32703

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

9/02/02

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 NAME STREET ADDRESS CITY-ST-ZIP	D HONEYCUTT, JAY D 1207 ELLEN COURT APOPKA FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	500008513943 10/22/02--01094--004 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/02/02 407-389-0300

FILED

02 OCT -7 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

282

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Attachments

P01000078755/678230

To whom it may concern,

I received the 2002 Uniform Business Report July 8, 2002 indicating I had not filed the application in time to file the normal \$150.00 dollar fee. I immediately called the Division of Corporations stating this was my first notice and they said, "pay the normal \$150.00 fee with a letter of explanation". Please accept this letter as my explanation for not paying the fee on time. Also, I have noted my records the date for this payment for future reference.

Sincerely,

[Handwritten signature]

~~President~~
President

I SENT WITH
APP FIRST