

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90067 019 ***150.00

0467285 AV

DOCUMENT # P01000101016

1. Entity Name

BULLDOG ALUMINUM SALES, INC.

Principal Place of Business

2 18TH AVENUE

INDIAN ROCKS BEACH FL 33785

Mailing Address

POST OFFICE BOX 1002

INDIAN ROCKS BEACH FL 33785

2. Principal Place of Business

12445 SEMINOLE BLVD

3. Mailing Address

← 3700

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLDG 2 SUITE 6 B

City & State

City & State

LARGO FL

4. FEI Number

69 3752220

Applied For

Not Applicable

Zip

Country

Zip

Country

33778

FLORIDA

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

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

MIAMI FL 33145

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, 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
**PSTD
HILL, WILLARD N III
2 18TH AVENUE
INDIAN ROCKS BEACH FL 33785**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
LARRY M. SOUSA
12445 SEMINOLE BLVD BLDG 2 #6B
LARGO, FL 33778**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

WILLARD N. HILL III

2-25-02 727587-0833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)