

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90931 036 ***150.00

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 SP

DOCUMENT # P01000109954

1. Entity Name

GENERAL ALUMINIUM, INC.

Principal Place of Business

**2218 N. WATERSIDE DRIVE
 CRYSTAL RIVER FL 34429**

Mailing Address

**2218 N. WATERSIDE DRIVE
 CRYSTAL RIVER FL 34429**

2. Principal Place of Business

3260 W. KEVIN LANE

3. Mailing Address

3260 W. KEVIN LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LECANTO, FL

City & State

LECANTO, FL

4. FEI Number

06-1635591

Applied For

Not Applicable

Zip

34461

Country

USA

Zip

34461

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CLARDY, JOHN S III
 521 W. FORT ISLAND TRAIL
 CRYSTAL RIVER FL 34429**

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.

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

TITLE **D** ☐ Delete
 NAME **PHILLIPS, CHERYL**
 STREET ADDRESS **2218 N. WATERSIDE DRIVE**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES.** ☒ Change ☐ Addition
 NAME **PHILLIPS, CHERYL**
 STREET ADDRESS **3260 W. KEVIN LANE**
 CITY-ST-ZIP **LECANTO, FL 34461**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **BRIAN TAMBASCO**
 STREET ADDRESS **3260 W. KEVIN LANE**
 CITY-ST-ZIP **LECANTO, FL 34461**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **RICHARD J. PHILLIPS**
 STREET ADDRESS **3260 W. KEVIN LANE**
 CITY-ST-ZIP **LECANTO, FL 34461**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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: CHERYL PHILLIPS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.15.01

Date

352-527-1221

Daytime Phone #

CR2E034 (9/01)