


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90156 007 ***150.00

DOCUMENT # **P02000025345**
 1. Entity Name
ORW Aluminum Specialist, Inc. 

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1317 SW 30th St.		3. Mailing Address 1317 SW 30th St.	
Suite, Apt. #, etc. Cape Coral, FL		Suite, Apt. #, etc.	
City & State		City & State Cape Coral, FL	
Zip 33914	Country US	Zip 33914	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3638122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Donald R. Willacker, Sr.

Street Address (P.O. Box Number is Not Acceptable)
1317 SW 30th St.

City
Cape Coral FL Zip Code
33914

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Donald R. Willacker, Sr. 1317 SW 30th St. Cape Coral, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Don R. Willacker, Sr.** **Don R. Willacker, Sr** **4-28-03**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

239.281-4945