

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90143 028 ***150.00

DOCUMENT # P02000113112

1. Entity Name
S & J ALUMINUM WORKS, INC.



Principal Place of Business
**27770 CANAL ROAD,
APT# 2202,
ORANGE BEACH AL 36561**

Mailing Address
**27770 CANAL ROAD,
APT# 2202,
ORANGE BEACH AL 36561**



2. Principal Place of Business

**5623 Bauer Rd
Unit A**

Suite, Apt. #, etc.
Unit A
City & State
Pensacola, FL
Zip
32507

3. Mailing Address

**5623 Bauer Rd
Unit A**

Suite, Apt. #, etc.
Unit A
City & State
Pensacola, FL
Zip
32507

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
30 0121925

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FLORIDA STATE INCORPORATION SERVICES, INC
8699 PLUTO TERRACE,
LAKE PARK FL 33403**

7. Name and Address of New Registered Agent

Name **Grady Joiner**
Street Address (P.O. Box is Not Acceptable)

**5623 Bauer Rd
City Pensacola, FL Zip Code 32507**

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 **Grady Joiner** DATE **4-2-03**
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JOINER, GRADY**
STREET ADDRESS **27770 CANAL ROAD, APT# 2202**
CITY-ST-ZIP **ORANGE BEACH AL 36561**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **SCOTT SCHLYER**
STREET ADDRESS **5623 Bauer Rd**
CITY-ST-ZIP **Pensacola FL 32507**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 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 **4-2-03** DAYTIME PHONE # **(850) 492-5700**

CR2E034 (10/02)