FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000 ...

FILED
Jul 13, 2004 8:00 am
Secretary of State
07-13-2004 90006 002 ***550.00

1. Entity Name: Aluminum Products of Florida, Inc.

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2. Principal Place of Business		3. Mailing Address	
5601 Haines Rd. N.		5601 Haines Rd. N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: St. Petersburg, FL.		City & State: St. Petersburg, FL.	
Zip: 33714	Country: USA	Zip: 33714	Country: USA

4. FEI Number: 51-0491671 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Mark Daniel
Street Address (P.O. Box Number is Not Acceptable): 5601 Haines Rd. N.
City: St. Petersburg FL Zip Code: 33714

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00 ✓
Amended UBR is $61.25
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	President	TITLE	
NAME	Eric Rodriguez	NAME	
STREET ADDRESS	6518 Kent Dr. N.	STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg FL 33702	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Mark Daniel	NAME	
STREET ADDRESS	4018 Bayshore Blvd. NE	STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg FL. 33703	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Eric Rodriguez 7-8-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #