

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**  
 05-08-2000 90202 033 \*\*\*150.00

**DOCUMENT # P09090**

1. Entity Name  
**DULA-WRIGHT ALUMINUM PRODUCTS, INC.**

Principal Place of Business      Mailing Address

**B CORAL FARMS RD**      **9532 HEBRON COMMERCE DR**  
**FL 32140**      **CHARLOTTE NC 28273-5909**  
**US**

2. Principal Place of Business      3. Mailing Address

**8203 Coral Farms Rd.**      **(Same)**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Florahome FL 32140**  
 City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **56-1489199**      Applied For ☐ Not Applicable ☐

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

**SHARPE, HENRY JR.**      Name **David Walker**  
**CORAL FARMS ROAD**      Street Address (P.O. Box Number is Not Acceptable) **4968 Nature Drive**  
**FLORAHOME FL 32635**      City **Keystone Heights** **FL** Zip Code **32156**

**(Deceased)**

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 **General Manager**      DATE **1-25-00**  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐      **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<b>PD</b> <b>DULA, FRED P</b> <b>5722 COURTVIEW DRIVE</b> <b>CHARLOTTE NC</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ACS</b> <b>DULA, ALLISON PERRY</b> <b>5624 SHUMARD OAK LANE</b> <b>CHARLOTTE NC</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FCT</b> <b>MYRICK, TINA M</b> <b>2116 ARROWOOD ROAD</b> <b>CHARLOTTE NC</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>12508-206 Sabal Point Dr</b> <b>Pineville, NC 28134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CT</b> <b>REISENWEBER, KEN</b> <b>MCBRIER BLDG STE B20 3939 W RIDGE</b> <b>ERIE PA 16506</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>MCBRIER, JIM</b> <b>MCBRIER BLDG STE B20 3939 W RIDGE</b> <b>ERIE PA 16506</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Tina Myrick**      Date **1-20-99**      Daytime Phone # **(704) 523-7737**  
 Signature and typed or printed name of signing officer or director

CR2E034 (9/99)