

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000007931 1. Entity Name ALUMINUM BUILDING CONCEPTS, INC.			
Principal Place of Business 5555 LINEBAUGH AVE SUITE 300 TAMPA, FL 33624 US		Mailing Address P O BOX 26694 TAMPA, FL 33623-694 US	
2. Principal Place of Business 7542 B N. DALE Mabry Suite, Apt. #, etc.		3. Mailing Address 313 E. CLAY AVE Suite, Apt. #, etc.	
City & State TAMPA FL		City & State BRANDON FL	
Zip 33614	Country USA	Zip 33510	Country USA
4. FEI Number 59-3148651		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of Now Registered Agent Name TERRANCE P. GOWEN Street Address (P.O. Box Number is Not Acceptable) 313 E. CLAY AVE City BRANDON FL Zip Code 33510	
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 Signature, typed or printed name of registered agent, if not applicable.		TERRANCE P. GOWEN (NOTE: Registered Agent's signature required when reinstating.)	
DATE 5/21/03		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOWEN, TERRANCE P 8500 20TH ST NORTH ST. PETERSBURG, FL	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOWEN, CHRISTOPHER S 625 ISLAND CT INDIAN HARBOR, FL	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOWEN, MELISSA M 625 ISLAND CT INDIAN HARBOR, FL	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 313 E. CLAY AVE BRANDON, FLA 33510	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	313 E. CLAY AVE BRANDON FLA 33510	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	313 E. CLAY AVE BRANDON FLA 33510	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition	
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:		DATE 5/21/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Copying Phone # 813-961-3709	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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