

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90170 028 ***150.00

DOCUMENT # P92000011680

1. Entity Name
BANNER ALUMINUM INC.

Principal Place of Business

504 S 33 ST
FORT PIERCE FL 34947

Mailing Address

504 S 33 ST
FORT PIERCE FL 34947

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0370791

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

LOPER, DAVID II
1502 NEPTUNE
PORT ST. LUCIE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

5804 BAMBOO DR.
FT Pierce

FL

Zip Code

34982

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 ☐ Delete
NAME **P LOPER, DAVID**
STREET ADDRESS **5804 BAMBOO DRIVE**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ Change ☐ Addition
NAME **P Loper David**
STREET ADDRESS **5385 NEKOMA ST**
CITY-ST-ZIP **PORT ST LUCIE FL**

TITLE ☐ Delete
NAME **ST LOPER, MARY L**
STREET ADDRESS **5804 BAMBOO DRIVE**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ Change ☐ Addition
NAME **ST Loper Mary**
STREET ADDRESS **5385 NEKOMA ST.**
CITY-ST-ZIP **PORT ST LUCIE FL**

TITLE ☐ Delete
NAME **V LOPER, DAVID II**
STREET ADDRESS **1502 NEPTUNE**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE ☐ Change ☐ Addition
NAME **V Loper David II**
STREET ADDRESS **5804 BAMBOO DR.**
CITY-ST-ZIP **FT Pierce FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)