

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90137 049 ***150.00

DOCUMENT # P93000013561

1. Entity Name
ATLANTIC ALUMINUM, INC.



Principal Place of Business
**860-4 NORTH 8TH ST.
LAKE WORTH FL 33462**

Mailing Address
**14827 73RD ST NO
LOXAHATCHEE FL 33470**

2. Principal Place of Business
350-C Tall Pines Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Palm Bch, FL

City & State

4. FEI Number
65-0394720

Applied For
Not Applicable

Zip
33413

Country

Zip

Country

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

**MILLER, GREGORY S
860-4 NORTH 8TH ST
LAKE WORTH FL 33462**

Name
Gregory S. Miller

Street Address (P.O. Box Number is Not Acceptable)
350-C Tall Pines Rd

City
West Palm Bch FL Zip Code
33413

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 **X Gregory S. Miller Vice President**
Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

2-24-03
DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GREGORY S 14827 73RD ST NORTH LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X Gregory S. Miller Vice President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-03 561-433-
Date Daytime Phone #

CR2E034 (10/02)