

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000060144**

1. Entity Name

ROYAL IRON & ALUMINUM, INC.**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90309 006 ***150.00

C-371

Principal Place of Business

2915 HILLSBORO ROAD
WEST PALM BEACH FL 33405

Mailing Address

2915 HILLSBORO ROAD
WEST PALM BEACH FL 33405**00039195**

2. Principal Place of Business

2903 Hillsboro Road

3. Mailing Address

2903 Hillsboro Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0438256

Applied For

Not Applicable

Zip

33405

Country

Palm Beach

Zip

33405

Country

Palm Beach5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, GLENN
2915 HILLSBORO ROAD
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name **Simmons, Glenn M.**

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

2903 Hillsboro Road

City

West Palm Beach**FL**

Zip Code

33405

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PVPT**
STREET ADDRESS **SIMMONS, GLENN M.**
CITY-ST-ZIP **2915 HILLSBORO RD**
WEST PALM BCH FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **PVPT**
STREET ADDRESS **Simmons, Glenn M.**
CITY-ST-ZIP **2903 Hillsboro Road**
West Palm Beach, FL 33405TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 (10/00)