

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91302 032 ***158.75

DOCUMENT # P94000003540

1. Entity Name
LARGO ALUMINUM, INC.

Principal Place of Business
86500 OVERSEAS HIGHWAY
ISLAMORADA FL 33070

Mailing Address
P.O. BOX 659
TAVERNIER FL 33070

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 **65-0458837**

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

KASIANOWICZ, JOHN MARK
107 REDWING ROAD
TAVERNIER FL 33070

Name **John Mark Kasianowicz**
 Street Address (P.O. Box Number is Not Acceptable) **240 Tide Avenue**
Tavernier, FL 33070
 City **FL** Zip Code

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 **P** ☐ Delete
 NAME **KASIANOWICZ, JOHN MARK**
 STREET ADDRESS **107 REDWING**
 CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **P** ☒ Change ☐ Addition
 NAME **John Kasianowicz**
 STREET ADDRESS **240 Tide Avenue**
 CITY-ST-ZIP **Tavernier, FL 33070**

TITLE **VP** ☐ Delete
 NAME **POWELL, MICHAEL H**
 STREET ADDRESS **724 GARDEN STATE LANE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

4-29-02 (305) 852-2390

CR2E034 (9/01)