

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90096 008 ***158.75

DOCUMENT # P94000008191

1. Entity Name
CAPITAL ALUMINUM PRODUCTS, INC.

Principal Place of Business 5015 S FLORIDA AVE SUITE 200 LAKELAND FL 33813	Mailing Address P.O. BOX 5252 LAKELAND FL 33807 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 500 S. Florida Ave Suite, Apt. #, etc. 700	3. Mailing Address Suite, Apt. #, etc.
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City & State Lakeland, FL	City & State
Zip 33801	Country USA

4. FEI Number 59-3224246	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCFARLANE, PETER A
5015 S FLORIDA AVE
SUITE 215
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name Peter A. McFarlane
Street Address (P.O. Box Number is Not Acceptable) 500 S. Florida Ave
City Lakeland
State FL
Zip 33801

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 _____ (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	
TITLE D	<input type="checkbox"/> Delete
NAME MAXWELL, LAWRENCE W	
STREET ADDRESS 5015 S FLORIDA AVE #200	
CITY-ST-ZIP LAKELAND FL 33813	
TITLE D	<input type="checkbox"/> Delete
NAME MOATS, RAYMOND L	
STREET ADDRESS 5015 S FLORIDA AVE	
CITY-ST-ZIP LAKELAND FL 33813	
TITLE PD	<input type="checkbox"/> Delete
NAME MAXWELL, TODD	
STREET ADDRESS 5015 S FLORIDA AVE	
CITY-ST-ZIP LAKELAND FL 33813	
TITLE VD	<input type="checkbox"/> Delete
NAME BOCHIS, GEORGE	
STREET ADDRESS 5015 S FLORIDA AVE	
CITY-ST-ZIP LAKELAND FL 33813	
TITLE STD	<input type="checkbox"/> Delete
NAME FALK, BENJAMIN	
STREET ADDRESS 5015 S FLORIDA AVE	
CITY-ST-ZIP LAKELAND FL 33813	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	500 S. Florida Avenue, #700
CITY-ST-ZIP	Lakeland, FL 33801
TITLE	
NAME	
STREET ADDRESS	500 S. Florida Avenue, #700
CITY-ST-ZIP	Lakeland, FL 33801
TITLE	
NAME	
STREET ADDRESS	500 S. Florida Avenue, #700
CITY-ST-ZIP	Lakeland, FL 33801
TITLE	
NAME	
STREET ADDRESS	500 S. Florida Avenue, #700
CITY-ST-ZIP	Lakeland, FL 33801

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 empowerments.

SIGNATURE: *Benjamin G. Falk*

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/30/02

Daytime Phone #