

**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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**500 S. Florida Ave**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

**Lakeland, FL**

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3224246**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

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

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

**500 S. Florida Ave****#715**

City

**Lakeland**

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<b>500 S. Florida Avenue, #700 Lakeland, FL 33801</b>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<b>500 S. Florida Avenue, #700 Lakeland, FL 33801</b>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<b>500 S. Florida Avenue, #700 Lakeland, FL 33801</b>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<b>500 S. Florida Avenue, #700 Lakeland, FL 33801</b>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<b>500 S. Florida Avenue, #700 Lakeland, FL 33801</b>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE:

**Benjamin S. Falk**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/30/02**  
Date

Daytime Phone #