

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007367

1. Entity Name

ALUMALEX, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90281 026 \*\*\*150.00

Principal Place of Business

2900 S.W. 60TH AVENUE  
OCALA FL 34474  
US

Mailing Address

2900 S.W. 60TH AVENUE  
OCALA FL 34474-4323  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3294654

Applied For

Not Applicable

Zip

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

CALLAWAY, LAWRENCE C  
AYRES, CLUSTER, CURRY, MCCALL, & BRIGGS, P.A.  
21 N.E. FIRST AVENUE  
OCALA FL 34470

Name

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

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	AGUDA, JOE	5200 ELYSIAN FIELDS	NEW ORLEANS LA 70122	<input type="checkbox"/>
VP	PAEOS, ANGELO G	2900 S.W. 60TH AVENUE	OCALA FL 34474	<input type="checkbox"/>
D/T	BELLES, JOHN	77 EAST NORTH #361	LOGAN UT 84341	<input type="checkbox"/>
D/S	KIRLEY, PHIL	P.O. BOX 1005	WILLIAMSTON NC 27892	<input type="checkbox"/>
D	TORCASCO, GARY	3903 DERRY STREET	HARRISBURG PA 17111	<input type="checkbox"/>
D	BRUNINGAN, ERIC	5143 COBBLESTONE ROAD	WINSTON-SALEM NC 27106	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Jared, Paul	7908 Cincinnati/Dayton Road	Westchester, OH 45069	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Karpinski, Jed	1681 Crown Avenue, Suite 101	Lancaster, PA 17601	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Director Of Operations 1/13/00

352-861-2200

Date

Daytime Phone #

CR2E034 1/9/99