

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90061 020 \*\*\*150.00

**DOCUMENT # P95000014436**

1. Entity Name  
**ALUMA-TARP, INC.**

Principal Place of Business  
**1721 EGNER ST**  
**JACKSONVILLE FL 32201**  
**US**

Mailing Address  
**PO BOX 50610**  
**JACKSONVILLE FL 32240**  
**US**



2. Principal Place of Business  
**2403 Market St.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2403 Market St.**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Jacksonville, FL**  
 Zip  
**32206** Country  
**USA**

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**Jacksonville, FL**  
 Zip  
**32206** Country  
**USA**

4. FEI Number **59-3299222** 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

**SAFER, ELIOT J**  
**10110 SAN JOSE BLVD**  
**JACKSONVILLE FL 32257**

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 \_\_\_\_\_ (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	PTD	<input type="checkbox"/> Delete
NAME	ALCORN, JOHN W.	
STREET ADDRESS	1721 EGNER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32201	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ALCORN, BETTY J.	
STREET ADDRESS	1721 EGNER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alcorn, John W.	
STREET ADDRESS	2403 Market St.	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alcorn, Betty J.	
STREET ADDRESS	2403 Market St.	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE: John W. Alcorn **John W. Alcorn** 3/4/02 (904)614-5254  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)