## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P95000054791



**FILED** Feb 27, 2003 8:00 am Secretary of State

	<sup>me</sup> <b>ALUMINU</b>	M INC. OF SOUT	THWEST FLORIDA			02-27-2005	J0113 020	***150	.00	
Principal Place of Business 6651 CORKSCREW LANE NAPLES FL 33964		Mailing Address 6651 CORKSCREW LANE NAPLES FL 33964  3. Mailing Address			- - -					
2. Principal Place of Business  Suite, Apt. #, etc.  City & State										
			Suite, Apt. #, etc. City & State			CHECK HERE IF MAKING CHANGES				
						4. FEI Number 65-0593575	j	<u> </u>	pplied For ot Applicable	}-
Zip		Country	Zip	Coun	ntry	5. Certificate of Status Desired		8.75 Ad	ditional	
6. Name and Address of Current Regis			t Registered Agent			7. Name and Address of New F	Registered Ag	елт		1
•					Name	· · · · · · · · · · · · · · · · · · ·	- <b>v</b>			1
MYERS, GARY L 6651 CORKSCREW LANE NAPLES FL 33964					Street Address (	P.O. Box Number is Not Acceptable	e)			
						V		٠.		
					City		FL	Zip Cod	le	
8. The above the obliga	e named entity tions of registe	submits this statement fered agent.	or the purpose of changing its	s registere	ed office or register	ed agent, or both, in the State of Flo	orida. I am far	niliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agen	at and title if applicable. (NO	TE: Registere	d Agent signature required	when reinstating)	DATE			
	TI E NOWIN	FEE IS 6450.00		<del></del>						ĺ
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department o				9. Election Campaign Fir Trust Fund Contribution			00 May Be d to Fees	
10.		OFFICERS AND	DIRECTORS	11.		I ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTOR:	S IN 11	ł
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I nereby 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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

239-348-0925