

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90086 037 ***150.00

DOCUMENT # P95000060370

1. Entity Name
CONNORS ALUMINUM & SCREENING, INC.

Principal Place of Business

310 TRUMAN AVE
LEHIGH FL 33936

Mailing Address

310 TRUMAN AVE
LEHIGH FL 33936

2. Principal Place of Business

719 Chambers St E

Suite, Apt. #, etc.

3. Mailing Address

719 Chambers St E

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lehigh FL

City & State

Lehigh FL 3

4. FEI Number

65-0603025

Applied For

Not Applicable

Zip

33936

Country

Lee

Zip

33936

Country

Lee

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNORS, LAWRENCE M.

310 TRUMAN AVE

LEHIGH FL 33936

7. Name and Address of New Registered Agent

Name

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

719 Chambers St E

City

Lehigh, FL

FL

Zip Code

33936

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 of or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02

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** ☐ Delete
 NAME **CONNORS, LAWRENCE M**
 STREET ADDRESS **310 TRUMAN AVE**
 CITY-ST-ZIP **LEHIGH FL 33936**

TITLE **D** ☐ Delete
 NAME **CONNORS, RENEE**
 STREET ADDRESS **310 TRUMAN AVE**
 CITY-ST-ZIP **LEHIGH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **719 Chambers St E**
 STREET ADDRESS **Lehigh FL 33936**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **719 Chambers St E**
 STREET ADDRESS **Lehigh, FL 33936**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

RENEE CONNORS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

941-318-3869

Daytime Phone #

CR2E034 (9/01)