

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095377

1. Entity Name

JUPITER ALUMINUM PRODUCTS, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90048 010 ***158.75

Principal Place of Business

219 JUNO STREET
JUPITER FL 33458

Mailing Address

219 JUNO STREET
JUPITER FL 33458-4960

2. Principal Place of Business

3. Mailing Address

219 Juno Street
Suite, Apt. #, etc.

219 Juno Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jupiter, FL

City & State

Jupiter, FL

4. FEI Number

65-0635608

Applied For

Not Applicable

Zip

33458

Country

Palm Beach

Zip

33458

Country

Palm Beach

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHAEFER, JOHN ROBERT
219 JUNO STREET
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

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

SAME

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

1/7/00

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

TITLE	V	☐ Delete
NAME	SCHAEFER, JOHN ROBERT	
STREET ADDRESS	3906 FAIRWAY DRIVE NORTH	
CITY-ST-ZIP	JUPITER FL	
TITLE	P	☐ Delete
NAME	SCHER, MARK	
STREET ADDRESS	7613 BRIAR CLIFF CIR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	S	☐ Delete
NAME	GARY, MILLI	
STREET ADDRESS	3906 FAIRWAY DR N	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	T	☐ Delete
NAME	SCHER, DALE	
STREET ADDRESS	7613 BRIAR CLIFF CIR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00

Date

(561) 747-4166

Daytime Phone #

CR2E034 (9/99)