2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State
01-19-2001 90044 020 ***158.75

0316482

DOCUMENT # P95000095377

1. Entity Name
JUPITER ALUMINUM PRODUCTS, INC.

AUDIT131

Principal Place of Business	Mailing Address
219 JUNO STREET JUPITER FL 33458	219 JUNO STREET JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
219 Juno St.	219 Juno St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter, FL	City & State: Jupiter, FL
Zip: 33458 Country: USA	Zip: 33458 Country: USA

4. FEI Number 65-0635608 ☐ 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
SCHAEFER, JOHN ROBERT 219 JUNO STREET JUPITER FL 33458	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, 2001 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	V SCHAEFER, JOHN ROBERT 3906 FAIRWAY DRIVE NORTH JUPITER FL	☐ Delete (Address Change →)	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Schaefer, John Robert 8158 SW Yachtsmans Dr. Stuart, FL 34997	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHER, MARK 7613 BRIAR CLIFF CIR LAKE WORTH FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GARY, MILLI 3906 FAIRWAY DR N JUPITER FL 33477	☐ Delete (Address Change →)	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GARY, MILLI 8158 SW YACHTSMANS DR. STUART, FL 34997	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHER, DALE 7613 BRIAR CLIFF CIR LAKE WORTH FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ VP 1/2/01 561-747-4166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #