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FILED
Mar 12, 2002 8:00 am
Secretary of State
02-04-2002 90033 027 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024628

1. Entity Name
SAILFISH ALUMINUM, INC.

Principal Place of Business	Mailing Address
801 SW JASLO AVE. PT. ST. LUCIE FL 34953	801 SW JASLO AVE. PT. ST. LUCIE FL 34953

17188

2. Principal Place of Business	3. Mailing Address
861 SW Lakehurst Dr.	861 SW Lakehurst Dr.
Suite, Apt. #, etc. Unit D	Suite, Apt. #, etc. Unit D
City & State Port St. Lucie, FL	City & State Port St. Lucie, FL.
Zip 34983 Country U.S.	Zip 34983 Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0687342 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, BRUCE
801 SW JASLO AVE.
PT. ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 861 SW Lakehurst Dr. UNIT D
City Pt. St Lucie FL Zip Code 34983

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT JACKSON, BRUCE 801 SW JASLO AVE. PT. ST. LUCIE FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	861 SW Lakehurst Dr. Port St. Lucie, FL. 34983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS SCHEID, LIN 801 SW JASLO AVE. PT. ST. LUCIE FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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 REQUIRED 1.14.01 561-336-3409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #