

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045651

1. Entity Name

A & H ALUMINUM WHOLESALE OUTLET, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90106 020 \*\*\*150.00

Principal Place of Business

Mailing Address

511 ATLANTIC AVE  
INTERLACHEN FL 32148-0549  
US

PO BOX 549  
INTERLACHEN FL 32148-0549  
US

C0009081

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3390845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAYMOND D DEY  
511 ATLANTIC AVE  
INTERLACHEN FL 32148

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

5009 Crill Avenue  
Palatka FL 32177

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
DEY RAYMOND  
RT 4 BOX 21  
INTERLACHEN FL 32148

☐ Delete

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STREET ADDRESS  
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Raymond D. Dey  
P.O. Box 549  
Interlachen, FL 32148

☒ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)