FILED

Mar 26, 2002 8:00 am

2002 Uniform Business Report (UBR)

SIGNATURE:

Secretary of State DOCUMENT # P96000091890 1. Entity Name 03-26-2002 90027 048 ***150.00 ANYTHING & EVERYTHING ALUM WKS INC. Principal Place of Business Mailing Address 7913 NORTH HUBERT AVENUE 7913 NORTH HUBERT AVENUE TAMPA FL 33614 TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address 7902 7902 N. Hubert Ave Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3414151 AMPA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3614 1157 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Julbe JULBE, JOSE A Street Address (P.O. Box Number is Not Acceptable) **7913 NORTH HUBERT AVENUE TAMPA FL 33614** 33614 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 Julbe (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE PVST **PVST** ☐ Delete ☐ Addition CR2E034 (9/01 JULBE, JOSÉ A. NAME NAME Julbe, Jose A 7902 N. Hubert Ave STREET ADDRESS STREET ADDRESS 7913 NORTH HUBERT AVENUE TAMPA FL. CITY-ST-ZIP CITY-ST-ZIP 336 14 TAMPA FL 33614 TITLE ☐ Delete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST_ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 one like empowered.