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941-561-7200

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowe

SIGNATURE: _

ROBERT H. BOEHM JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # **P97000041866** 1. Entity Name STREAMLINE ALUMINUM, INC. 4-12-2001 90541 036 ***150.00 $(1, \dots, 1, \dots, 1, \dots, 1, \dots)$ Principal Place of Business Mailing Address 12651-1 METRO PKWY 12651-1 METRO PKWY CIEDADOR FORT MYERS FL 33912 * . FORT MYERS FL'33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0754863 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOEHM, ROBERT H JR Street Address (P.O. Box Number is Not Acceptable) 6649 HARTLAND STREET FORT MYERS FL 33912 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 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, 2001 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 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE ☐ Change Addition BOEHM, KENNETH R NAME NAME STREET ADDRESS STREET ADDRESS 6881 HARTLAND STREET CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME BOEHM, ROBERT H JR. STREET ADDRESS STREET ADDRESS 6649 HARTLAND STREET CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 TITLE TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change 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 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