FILED

Jan 16, 2003 8:00 am Secretary of State

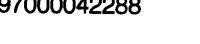
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## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

P97000042288





1. Entity Name 01-16-2003 90121 049 \*\*\*150.00 ULTRALUMINUM, INC. Principal Place of Business Mailing Address 7602 301 BLVD 7602 301 BLVD 90003501 SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0756550 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAKER, GREG J Street Address (P.O. Box Number is Not Acceptable) 4315 HIDDEN RIVER ROAD SARASOTA FL 34240 City 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition BAKER, GREG J NAME NAME 4315 HIDDEN RIVER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME CAHILL DOUG A NAME STREET ADDRESS 5401 81ST AVENUE CIRCLE EAST STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME BAKER, KERRY NAME STREET ADDRESS 4315 HIDDEN RIVER RD STREET ADDRESS CITY-ST-ZIE Sarasota FL 34240 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP