

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90069 001 ***150.00

DOCUMENT # P97000105014

1. Entity Name

SURFSIDE ALUMINIUM & SCREENS, INC.

Principal Place of Business

1230 S.W. ARAGON AVE.
PORT ST LUCIE FL

Mailing Address

1230 S.W. ARAGON AVE.
PORT ST LUCIE FL

955850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1413 SW BILTMORE ST.

3. Mailing Address

265 SW PORT ST LUCIE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 119

City & State

PORT ST LUCIE FL

City & State

PORT ST LUCIE FL

4. FEI Number

65-0802781

Applied For

Not Applicable

Zip

34983

Country

USA

Zip

34984

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAGLE, DENNIS A
1230 S.W. ARAGON AVE.
PORT ST LUCIE FL

7. Name and Address of New Registered Agent

Name DENNIS A NAGLE

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

~~1413 SW BILTMORE ST.~~

~~PMB 119~~ 1413 SW BILTMORE ST.

City PORT 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.

(34983)

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, 2001 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

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	NAGLE, DENNIS A	
STREET ADDRESS	1230 S.W. ARAGON AVE.	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NAGLE, GABRIELLE M	
STREET ADDRESS	1230 S.W. ARAGON AVE.	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS A. NAGLE	
STREET ADDRESS	265 SW PORT ST LUCIE BLVD PMB 119	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS C. NAGLE	
STREET ADDRESS	1230 SW ARAGON AVE.	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DENNIS A. NAGLE, PRESIDENT

4/17/01 561-871-0180

Date

Daytime Phone #

CR2E034 (10/00)