

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2003 8:00 am
Secretary of State

09-18-2003 90030 027 ***550.00

DOCUMENT # P98000031860

1. Entity Name
21ST CENTURY ANODIZING, INC.



Principal Place of Business
2405 DIVISION AVE
WEST PALM BEACH FL 33407

Mailing Address
2405 DIVISION AVE
WEST PALM BEACH FL 33407

2. Principal Place of Business

7341 WESTPORT PLACE

3. Mailing Address

7341 WESTPORT PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT B

UNIT B

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

Country

33413

U.S.A

Zip

Country

33413

U.S.A



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0836248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEIER, TERRY
2405 DIVISION AVE
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

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

7341 WESTPORT PLACE UNIT B
City: WEST PALM BEACH FL Zip Code: 33413

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D MEIER, TERRY ☐ Delete
NAME: MEIER, TERRY
STREET ADDRESS: 2405 DIVISION AVE
CITY-ST-ZIP: WEST PALM BEACH FL 33407

TITLE: D BALL, DOUGLAS ☐ Delete
NAME: BALL, DOUGLAS
STREET ADDRESS: 2405 DIVISION AVE
CITY-ST-ZIP: WEST PALM BEACH FL 33407

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE BALL DOUGLAS M BALL 9-18-03 561-712-0903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)