

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90384 029 ***150.00

DOCUMENT # P98000068706

1. Entity Name

A ARCHITECTURAL METALS, INC.

Principal Place of Business

**399 CANAL STREET
 NEW SMYRNA BEACH FL 32168**

Mailing Address

**P.O. BOX 160
 NEW SMYRNA BEACH FL 32170**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3326554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUMER, BARRY N ESQ.

1055 N. DIXIE FREEWAY

SUITE 4

NEW SMYRNA BEACH FL 32170

Name

Richard A. Crunkilton

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

472 Wildwood Drive

City

New Smyrna Beach

FL

Zip Code
32168

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

RICHARD A. CRUNKILTON / OWNER

4/26/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PVP
 CRUNKILTON, RICHARD A
 472 WILDOOD DRIVE
 NEW SMYRNA FL 32168** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ST
 KIRK, BRETT
 1603 TRAVELERS PALM DRIVE
 EDGEWATER FL 32132** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**2210 Sabal Palm Drive
 Edgewater, FL 32132** ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A. CRUNKILTON / OWNER

Date

Daytime Phone #

4/26/02 (386) 428-7245

CR2E034 (9/01)