

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

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90128 013 \*\*\*158.75

**DOCUMENT # P98000087457**

1. Entity Name  
**J.M.A. ALUMINUM, INC.**



Principal Place of Business  
**12129 CLEAR HARBOR DRIVE  
TAMPA FL 34677**

Mailing Address  
**PO BOX 707  
OLDSMAR FL 33626  
US**

2. Principal Place of Business  
**PO Box 707**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Oldsmar FL**

City & State

Zip  
**34677**

Country

Zip

Country

4. FEI Number  
**59-3540021**

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**

**MCALEES, MELINDA  
12129 CLEAR HARBOR DRIVE  
TAMPA FL 33626**

Name

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

City

**FL**

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 *Melinda McAlees*  
Signature, typed or printed name of registered agent and title if applicable.

*Director*  
(NOTE: Registered Agent signature required when reinstating)

*4/9/03*  
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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **MCALEES, MELINDA**  
STREET ADDRESS **12129 CLEAR HARBOR DRIVE**  
CITY - ST - ZIP **TAMPA FL 33626**

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

TITLE ☐ Delete  
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CITY - ST - ZIP

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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:**

*Melinda McAlees*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/9/03*  
Date

*813-818-4788*  
Daytime Phone #

CR2E034 (10/02)