

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90474 037 ***150.00

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DOCUMENT # P99000023905

1. Entity Name

SPUN BRASS, INC.



Principal Place of Business
1491 NORMANDY BOULEVARD
DELTONA FL 32725

Mailing Address
1491 NORMANDY BOULEVARD
DELTONA FL 32725

2. Principal Place of Business

230 Power Crt.

3. Mailing Address

Suite, Apt. #, etc.
Suite 100

City & State

Sanford, FL

Zip

32771

Country

USA

4. FEI Number

59-3563289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LEMUS, ANTONIO CPA
108 MARCIA DR
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
AVILES, ANDRES
1491 NORMANDY BOULEVARD
DELTONA FL 32725 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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AVILES, ROSA
1491 NORMANDY BOULEVARD
DELTONA FL 32725 ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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- - - - - ☐ Change ☐ Addition

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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:

Antonio Lemus **REGISTERED PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-03

CR2E034 (10/02)