2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P99000026300

1. Entity Name AL-U-FAB USA, INC.



Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90123 049 ***150.00

FILED

Principal Place of Busin	ess
10068 VINEYARD ROAD	EAS
JACKSONVILLE FL 32256	ì

2. Principal Place of Business

Mailing Address 10068 VINEYARD ROAD EAST JACKSONVILLE FL 32256

3. Mailing Address

19101	431100	ION MILLS LN	7910 HBMG;	TON HILL	5 LN.					
Suite, Apt	#, etc.	Suite, Apt. #, etc.				. CHECK HERE IF MAKING CHANGES				
			City & State	Sity & State JACKSONVILL 12, FL			4. FEI Number 59-3571318			٦
					1-6	· · · · · · · · · · · · · · · · · · ·	09-001 10 10	1	lot Applicable	÷
322		Country USA	32256	Country	4	5. Certificate of S	tatus Desired	□ \$8.75 A Fee Requir]
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
- Johnson, Keith H - 8810 Goody's executive Dr. Ste. A Jacksonville FL 32217				Ĺ	Name Street Address (P.O. Box Number is Not Acceptable)					
				City				FL Zip Co	de	-
8. The above the obligation	tions of regist	y submits this statement for ered agent. or printed name of registered agent ar	the purpose of changing its	registered office			the State of Florida	. I am familiar with	, and accept	1
Afte Make Chec	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 • Florida Department of	State	· · · · · · · · · · · · · · · · · · ·			n Campaign Financi und Contribution.	J	00 May Be ed to Fees	
10.	I D	OFFICERS AND D	DIRECTORS	11,		ADDITIONS/CHA	NGES TO OFFICER	RS AND DIRECTO	RS IN 11]
NAME STREET ADDRESS CITY-ST-ZIP	10068 VIN	Vivaughan Jr. Eyard Lake Road Ville Fl 32256-1486	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	579101 577X,	AGINBTON FL.	/ HILLS L 322:	K Change ANE 50	☐ Addition	00/07/700-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10068 VIN	CHERYL-LYNN EYARD LAKE RD VILLE FL 32256-1486	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	7910	ABINGT	" 322: ON HILLS 3225	LANK	☐ Addition	1200
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5		.500)	☐ Change	Addition	-
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6	111	<u> </u>	☐ Change	Addition	

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 attaching with an address, with ell to ther like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition