2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (VBR)

DOCUMENT

P9900030408

1. Entity Name

BROTHERS ALUMINUM OF THE KEYS, INC.



FILED Sep 10, 2003 8:00 am Secretary of State

09-10-2003 90068 005 ***550.00

|--|

Principal Place of Business 106130 OVERSEAS HWY KEY LARGO FL 33037		143 B/	Mailing Address 143 BAYVIEW DRIVE KEY LARGO FL 33037							
2. Principal Place of Business		3. Maili	3. Mailing Address			1000-1000-110 50556 18565 89551 U	BÅIK BURKI UDIOL HIL	ll abili bibil i	10181 1611 1001	
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City 8	& State		4. F	FEI Number 65-0911362	2		plied For t Applicable	
Zip Country		Zip	Zip C		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. 1	Name and Address of New I	Registered Ag	ent		
ODITOTI O IEDEDA DA				Name						
	& UTRERA, P.A.		Street Addres			ss (P.O. Box Number is Not Acceptable)				
343 ALMERIA AVENUE CORAL GABLES FL 33134										
COUNT CHAPTER I E SO 104				City				Zip Code		
* #*							FL	<u>L_`</u>		
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 \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State					9. Election Campaign Fi Trust Fund Contribution	on. 🗆		O May Be to Fees		
10.	,	FICERS AND DIRECTOF		11.	AD	DITIONS/CHANGES TO OFF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GROSS, DONALD R 143 BAYVIEW DRIVE KEY LARGO FL 3303	7	Delete	NAME STREET ADDRESS CITY-ST-ZIP			l	Change	Addition	
TITLE NAME STREET ADDRESS CITY_ST_ZIP.	VD GROSS, JACK A 143 BAYVIEW DRIVE KEY-LARGO FL 3303	7	□ Delete	TITLE NAME STREET ADDRESS CITY-ST*ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			(Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP	-		ĵ	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			j	Change	Addition	

12. I hereby certify that the information supplied with this filling 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. GROSS

SIGNATURE: