

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90117 019 ***150.00

DOCUMENT # P99000061754

1. Entity Name

S & B SCREENING & ALUMINUM, INC.

Principal Place of Business

**3853 WOODMERE PARK BOULEVARD. #1407
 VENICE FL 34293**

Mailing Address

**3853 WOODMERE PARK BOULEVARD. #1407
 VENICE FL 34293**

2. Principal Place of Business

2171 SIMPSON AVE

Suite, Apt. #, etc.

3. Mailing Address

2171 SIMPSON AVE

Suite, Apt. #, etc.

City & State

NORTH PORT, FL.

City & State

NORTH PORT, FL.

Zip

34286

Country

USA

Zip

34286

Country

USA

4. FEI Number

65-0936238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOYER, KEVIN A

3853 WOODMERE PK # 1407

VENICE FL 34293

7. Name and Address of New Registered Agent

Name **Boyer, Kevin A**

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

2171 SIMPSON AVE

City

NORTH PORT

FL

Zip Code

34286

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.

SIGNATURE

Kevin A Boyer

1/28/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **BOYER, KEVIN A**
 CITY-ST-ZIP **3853 WOODMERE #1407
 VENICE FL 34293**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **Boyer, Jamie**
 STREET ADDRESS **2171 SIMPSON AVE**
 CITY-ST-ZIP **NORTH PORT, FL- 34286**

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

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

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:

Kevin A Boyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 (941)493-6343

Date Daytime Phone #

CR2E034 (9/01)