

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000066691**

1. Entity Name
R. E. M. ALUMINUM, INC.

Principal Place of Business Mailing Address
2410 SUCCESS DRIVE, UNIT 12 ODESSA FL 33556 **2410 SUCCESS DRIVE, UNIT 12 ODESSA FL 33556**

2. Principal Place of Business 3. Mailing Address
2415 DESTINY WAY ODESSA, FL 33556 **2415 DESTINY WAY ODESSA, FL 33556**

Zip Country Zip Country
33556 USA 33556 USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -1 PM 2:36



REINSTATEMENT DO NOT WRITE IN THIS SPACE
4. FEI Number **59-3590622** 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
MORIARTEY, ROBERT E **2410 SUCCESS DRIVE, UNIT 12 ODESSA FL 33556**
Name **2415 DESTINY WAY UNIT #3**
Street Address (P.O. Box Number is Not Acceptable)
City **ODESSA FL** Zip Code **33556**

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 Robert E. Moriarty **10/29/01**
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 \$550.00 After September 12, 2001 Fee will be \$750.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORIARTEY, ROBERT E 2410 SUCCESS DRIVE, UNIT-12 ODESSA FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANCINE R. MORIARTEY 2415 DESTINY WAY, UNIT #3 ODESSA, FL 33556 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	908004696089 -11/28/01--01012--014 ****750.00 ****750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert E. Moriarty **ROBERT E. MORIARTEY** **10/12/01** **(877) 375-8544**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

009457 AV

CR2E034 (5/01)