

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90423 002 ***150.00

DOCUMENT # P99000090449

1. Entity Name
ALUMINATIONS SERVICES, INC.



Principal Place of Business
**1119-B SE 12TH COURT
CAPE CORAL FL 33990**

Mailing Address
**1119-B SE 12TH COURT
CAPE CORAL FL 33990**

2. Principal Place of Business

9350 Workmen Way

3. Mailing Address

9350 Workmen Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Ft Myers, FL

City & State
Ft Myers FL

4. FEI Number **65-0954332**

Applied For
Not Applicable

Zip
33905

Country
USA

Zip
FL 33905

Country
USA

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name **Stephen Mark Myers**
Street Address (P.O. Box Number is Not Acceptable)
9350 Workmen Way
City **Ft. Myers** **FL** Zip Code **33905**

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 **Stephen Mark Myers**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **MYERS, STEPHEN M**
STREET ADDRESS **119-B SOUTHEAST 12TH COURT**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **Pres.** ☒ Change ☐ Addition
NAME **Stephen Mark Myers**
STREET ADDRESS **9350 Workmen Way**
CITY-ST-ZIP **Ft Myers, FL 33905**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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: **Stephen Mark Myers**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03 239-694-9887
Date Daytime Phone #

CR2E034 (10/02)