

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S14570****1. Entity Name**
ASC ALUMINUM SPECIALTY CONTRACTORS, INC.**Principal Place of Business**12879 81ST AVE. N.
SEMINOLE FL 34646**Mailing Address**12879 81ST AVE. N.
SEMINOLE FL 34646**2. Principal Place of Business**

7420 PARK BLVD

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 4345

Suite, Apt. #, etc.

City & State

PINELLAS PARK FL

City & State

SEMINOLE FL

Zip

33781

CountryUS
PINELLAS**Zip**

33775

Country

PI US

6. Name and Address of Current Registered AgentKAROOUZ, ROBERT J.
12879 81ST AVE., N.
SEMINOLE FL 34646**4. FEI Number** 59-3037148**Applied For**

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****City**

FL

Zip Code**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**

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, 2001 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** PSD ☐ Delete
NAME KAROOUZ, ROBERT J.
STREET ADDRESS 12879 81ST AVE.
CITY-ST-ZIP N. SEMINOLE FL**TITLE** V ☐ Delete
NAME TROUVILLE, ED
STREET ADDRESS 2261 S LAGOON CIR
CITY-ST-ZIP CLEARWATER FL**TITLE** S ☐ Delete
NAME KAROOUZ, MARY
STREET ADDRESS 12879 81 AVE NO
CITY-ST-ZIP SEMINOLE FL**TITLE** V ☒ Delete
NAME PHILLIPS, BRUCE
STREET ADDRESS 2197 FOXCHASE BLVD UNIT 203
CITY-ST-ZIP PALM HARBOR FL**TITLE** ☐ Delete
NAME
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
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date**Daytime Phone #**

1-15-01

727-393-2060



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)