FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V13095 1. Entity Name RANDY STEEN ALUMINUM PRODUCTS, INC.							Secretary of State 01-29-2003 90147 012 ***150.00				
3300 S CONG 8-6	ce of Business GRESS AVE EACH FL 33426	Mailing Address 568 E. WOOLBRIGHT ROAD SUITE 127 BOYNTON BEACH FL 33435			-						
2. Principal F	Place of Business	3. Mailing Address					(1981) (1188) 11689 11011 (1		il bibli bibli b		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & Stat	te	City & State				65-0319191			plied For at Applicable	7	
Zip	Country	Zip	Country			5. Certificate of Status Desi		8.75 Add	litional	1	
	6. Name and Address of Curren	gent				7. Name and Address of New Registered Agent					
OTTEN DANDY M					Name						
STEEN, R						Street Address (P.O. Box Number is Not Acceptable)					1
148 SE 25TH AVE BOYNTON BEACH FL 33435									•		1
BOTHIO	V DENOTITE OUTO				City			FL	Zip Code	e	
the obligations	enamed entity submits this statement fitions of registered agent. Signature, typed or printed name of registered agent. FILE NOW!!! FEE IS \$150.00	leun	F18.	ND	45	70	ed agent, or both, in the State		3 - 6		
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of						9. Election Campaiç Trust Fund Contri	·		0 May Be I to Fees	
10.	OFFICERS AND		11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE : NAME : STREET ADDRESS CITY-ST-ZIP	D STEEN, RANDY M 148 SE 25TH AVE BOYNTON BEACH FL		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete			ľ	• ~ .			☐ Change	☐ Addition	18
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		NAME STREE	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Change	☐ Addition	
TITLE VAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		t t		,		☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREE	1	-		· ·	☐ Change	☐ Addition	

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.

CITY-ST-ZIP

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