

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # V51399**1. Entity Name
ALL ISLAND GLASS & ALUMINUM, INC.

Principal Place of Business	Mailing Address
17220 SAN CARLOS BLVD	17220 SAN CARLOS BLVD
SUITE 5	SUITE 5
FT MYERS BEACH FL	FT MYERS BEACH FL
33931	33931

2. Principal Place of Business	3. Mailing Address
17691 SUMMERLIN ROAD	17691 SUMMERLIN ROAD

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State
FT MYERS FL	FT MYERS FL

4. FEI Number	Applied For
65-0346455	Not Applicable

Zip	Country	Zip	Country
33908		33908	

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**

MURTY, TIMOTHY J
1633 PERIWINKLE WAY
SUITE A
SANIBEL FL
33957 US

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 _____ 01/11/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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	<input type="checkbox"/> Delete
VP	MCDANIEL JONATHAN PAUL	15558 KAPOK CT	FT MYERS FL 33908	<input type="checkbox"/> Delete
DP	MCDANIEL PAUL RANDALL	17220 SAN CARLOS BLVD., STE, 5	FT. MYERS FL	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	VP HARVEL TIMOTHY	210 PALERMO CIRCLE	FT MYERS BEACH FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
							<input type="checkbox"/> Change <input type="checkbox"/> Addition
							<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
							<input type="checkbox"/> Change <input type="checkbox"/> Addition
							<input type="checkbox"/> Change <input type="checkbox"/> Addition
							<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Timothy Harvel VP 01/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)