

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90206 016 ***150.00

DOCUMENT # **V51399**

1. Entity Name

ALL ISLAND GLASS & ALUMINUM, INC.

Principal Place of Business

**17691 SUMMERLIN ROAD
FT MYERS FL 33908**

Mailing Address

**17691 SUMMERLIN ROAD
FT MYERS FL 33908**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0346455

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

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

Name

WANDERON, THOMAS

Street Address (P.O. Box Number is Not Acceptable)

868 106TH AVE. N.

City

NAPLES

FL

Zip Code

34108

8. The above named entity adopts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

THOMAS WANDERON

01/11/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **MCDANIEL, PAUL RANDALL**
STREET ADDRESS **17691 SUMMERLIN ROAD**
CITY-ST-ZIP **FT. MYERS FL 33908**

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

TITLE **VP** ☐ Delete
NAME **MCDANIEL, JONATHAN PAUL**
STREET ADDRESS **15558 KAPOK CT**
CITY-ST-ZIP **FT MYERS FL 33908**

TITLE **VP** ☒ Change ☐ Addition
NAME **MC, DANIEL, JONATHAN PAUL**
STREET ADDRESS **8120 EGRET ROAD**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **VP** ☒ Delete
NAME **HARVEL, TIMOTHY**
STREET ADDRESS **210 PALERMO CIRCLE**
CITY-ST-ZIP **FT MYERS BEACH FL 33931**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **MCDANIEL, SHARYL A.**
STREET ADDRESS **185 EGRET ST.**
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: X

PAUL RANDALL MCDANIEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-454-0050

CR2E034 (9/01)