

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90096 008 \*\*\*158.75

**DOCUMENT # P94000008191**

1. Entity Name  
**CAPITAL ALUMINUM PRODUCTS, INC.**

Principal Place of Business <b>5015 S FLORIDA AVE          SUITE 200          LAKELAND FL 33813</b>	Mailing Address <b>P.O. BOX 5252          LAKELAND FL 33807          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>500 S. Florida Ave</b> Suite, Apt. #, etc. <b>700</b>	3. Mailing Address Suite, Apt. #, etc.
City & State <b>Lakeland, FL</b>	City & State
Zip <b>33801</b> Country <b>USA</b>	Zip Country

4. FEI Number <b>59-3224246</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**McFARLANE, PETER A  
 5015 S FLORIDA AVE  
 SUITE 215  
 LAKELAND FL 33813**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**500 S. Florida Ave**  
**#715**  
 City **Lakeland** FL Zip **33801**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE D NAME MAXWELL, LAWRENCE W STREET ADDRESS 5015 S FLORIDA AVE #200 CITY-ST-ZIP LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE D NAME MOATS, RAYMOND L STREET ADDRESS 5015 S FLORIDA AVE CITY-ST-ZIP LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE PD NAME MAXWELL, TODD STREET ADDRESS 5015 S FLORIDA AVE CITY-ST-ZIP LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE VD NAME BOCHIS, GEORGE STREET ADDRESS 5015 S FLORIDA AVE CITY-ST-ZIP LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE STD NAME FALK, BENJAMIN STREET ADDRESS 5015 S FLORIDA AVE CITY-ST-ZIP LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 S. Florida Avenue, #700 Lakeland, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 S. Florida Avenue, #700 Lakeland, FL 33801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 S. Florida Avenue, #700 Lakeland, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 empowerments.

SIGNATURE: Benjamin G. Falk Date: 4/30/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #