

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90034 027 ***150.00

DOCUMENT # 318764

1. Entity Name
STEEL PRODUCTS, INC.

Principal Place of Business 1821 MYRTLE STREET SARASOTA FL 34234-4820	Mailing Address 1821 MYRTLE STREET SARASOTA FL 34234-4820
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1168395		Applied For
		Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOSEE, LOLA E
5805 HELEN WAY
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name **Karen T Losee**
 Street Address (P.O. Box Number is Not Acceptable)
7609 N. Tuttle Ave.
 City **Sarasota** FL Zip Code **34243**

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 **Karen T Losee KAREN T Losee** DATE **4-2-01**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOSEE, LOLA E 6307 26TH AVE. WEST BRADENTON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOSEE, THOMAS J 7509 N. TUTTLE AVE SARASOTA FL 34223	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOSEE, KAREN T 7609 N TUTTLE AVE SARASOTA FL 34243	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: **Karen T Losee KAREN T Losee U. Res 4-2-01 941.3518128**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)