

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90017 001 ***150.00

DOCUMENT # 438939

1. Entity Name

ALL STEEL CONSULTANTS, INC.

Principal Place of Business

**6162C 15TH EAST
 BRADENTON FL 34203**

Mailing Address

**6162C 15TH EAST
 BRADENTON FL 34203-7754**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1538677

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GEORGE, RALPH
 6162 C 15TH ST. EAST
 BRADENTON FL 34203**

7. Name and Address of New Registered Agent

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

Ralph George

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-15-00

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, 2000 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

TITLE NAME	PVTS GEORGE, RALPH	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6162 C 15TH ST. EAST BRADENTON FL 34203	
TITLE NAME	D GEORGE, RALPH	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6162 C 15TH ST. EAST BRADENTON FL 34203	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Ralph George

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00

Date

941-727-1444

Daytime Phone #