

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90572 005 \*\*\*558.75

**DOCUMENT # 480112**

1. Entity Name  
**BARTOW STEEL, INC.**



Principal Place of Business  
**HIGHWAY 60**  
**P. O. BOX 1789**  
**BARTOW FL 33830**

Mailing Address  
**HIGHWAY 60**  
**P. O. BOX 1789**  
**BARTOW FL 33830**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country  
**33831-1789**

4. FEI Number **59-1607402** Applied For  
 Not Applicable

5. Certificate of Status Desired **XX** **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ATTAWAY JR., JOHN A.**  
**202 E. WALNUT STREET**  
**LAKELAND FL 33802-7003**

Name  
**Frost II, John W.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**395 South Central Avenue**  
 City **Bartow** FL Zip Code **33830**

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

(NOTE: Registered Agent signature required when reinstating)

*[Signature]*  
 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>ROCCAFORTE, JOSEPH A.</b>	
STREET ADDRESS	<b>1500 CHIPPEWA</b>	
CITY-ST-ZIP	<b>BATON ROUGE LA 70805</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MACEY, ROBERT S.</b>	
STREET ADDRESS	<b>1836 PINNACLE DR.</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>TSD</b>	<input type="checkbox"/> Delete
NAME	<b>LAXTON, DAVID L.</b>	
STREET ADDRESS	<b>1500 CHIPPEWA</b>	
CITY-ST-ZIP	<b>BATON ROUGE LA 70805</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Robert S. Macey, President**

8/11/00 863-619-7473  
 Date Daytime Phone #

CR2E034 (5/00)