

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 810989

1. Entity Name

J. M. TULL METALS COMPANY, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90010 018 ***150.00

Principal Place of Business
4400 PEACHTREE INDUSTRIAL BLVD
NORCROSS GA 30071

Mailing Address
2621 W 15th PLACE
TAX DIVISION
CHICAGO IL 60608

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

Applied For

Not Applicable

58-0466720

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	J. M. GRATZ	
STREET ADDRESS	2621 W 15th PLACE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	☐ Delete
NAME	J. E. MIMS	
STREET ADDRESS	2621 W 15th PLACE	
CITY-ST-ZIP		
TITLE	P	☐ Delete
NAME	S. E. MAKAREWICZ	
STREET ADDRESS	4400 PEACHTREE IND. BLVD	
CITY-ST-ZIP	NORCROSS GA	
TITLE	T	☐ Delete
NAME	T. R. ROGERS	
STREET ADDRESS	2621 W 15th PLACE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	C	☐ Delete
NAME	C. J. TARQUINIO	
STREET ADDRESS	4400 PEACHTREE BLVD	
CITY-ST-ZIP	NORCROSS GA	
TITLE	D	☐ Delete
NAME	N. S. NOVICH	
STREET ADDRESS	2621 W 15th PLACE	
CITY-ST-ZIP	CHICAGO IL	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/00

Date

773-788-3723

Daytime Phone #

CR2E034 (9/99)