2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE:

Apr 24, 2002 8:00 am Secretary of State G12470 DOCUMENT # 1. Entity Name 04-24-2002 90251 043 ***150.00 EASTERN METAL SUPPLY, INC. Mailing Address Principal Place of Business 3600 23 AVE SOUTH 3600 23 AVE SOUTH LAKE WORTH FL 33461 LAKE WORTH FL 33461 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2249307 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUSCHMANN, EUGENE Street Address (P.O. Box Number is Not Acceptable) 3 FAIRWAY DR. **BOYNTON BEACH FL 33436** 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. - 64° 4 SIGNATURE Signature, typed enrinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) Addition Change TITLE ☐ Delete NAME NAME WEEKES, GREG CR2E034 STREET ADDRESS 4575 TURN BERRY CT. STREET ADDRESS CITY-ST-ZIP **BOYNTON BCH, FL 00000** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE TITLE NAME NAME WALSH, SUSAN STREET ADDRESS STREET ADDRESS 10330 ST ANDREWS RD. CITY-ST-ZIP **BOYNTON BCH. FL** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BUSCHMANN, EUGENE NAME STREET ADDRESS 3 FAIRWAY DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 empower do executed his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED