

2001 UNIFORM BUSINESS REPORT (UBR)

4/31

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90389 037 \*\*\*150.00

DOCUMENT # H03457

1. Entity Name  
**SPECIALTY METALS, INC.**

Principal Place of Business % CHARLES A. COPLEY 6433 EDGEWATER DR ORLANDO FL 32810-1203	Mailing Address % CHARLES A. COPLEY 6433 EDGEWATER DR ORLANDO FL 32810-1203
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5138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-2443440** Applied for:   
 Not Applicable:

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

6. Name and Address of Current Registered Agent  
**COPLEY, CHARLES A.**  
**6433 EDGEWATER DR**  
**ORLANDO FL 32810**

7. Name and Address of New Registered Agent  
 Name: **HALLIDAY, DOUGLAS G.**  
 Street Address (P.O. Box Number is Not Acceptable):  
**6433 EDGEWATER DR.**  
 City: **ORLANDO,** Zip Code: **32810**

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]* PRES. *[Signature]* 5/16/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$650.00  
 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 STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COPLEY, CHARLES A</b> <b>1157 VALLEY CREEK RUN</b> <b>WINTER PARK FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>HALLIDAY, DOUGLAS G</b> <b>4050 GOLFSIDE DR</b> <b>ORLANDO FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>HALLIDAY, ROSEMARY</b> <b>886 CRANES CT</b> <b>MAITLAND FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HALLIDAY, DOUGLAS G.</b> <b>4050 GOLFSIDE DR.</b> <b>ORLANDO, FL 32808</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>AHLBERG, DONALD L.</b> <b>190 Varsity CIRCLE</b> <b>ALTAMONTE SPRINGS, FL 32714</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURY/SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HALLIDAY, CHRISTOPHER M.</b> <b>1868-EAGLE REST DR.</b> <b>APOPKA, FL 32712</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerers.

SIGNATURE: *[Signature]* **Douglas G. Halliday** 4/23/01 (407) 299-6853  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone No.

CR2E034 (10/00)