


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90140 029 ***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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2443440**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**HALLIDAY, DOUGLAS G
6433 EDGEWATER DR
ORLANDO FL 32810**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HALLIDAY, DOUGLAS G	
STREET ADDRESS	4050 GOLFSIDE DR	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AHLBERG, DONALD L	
STREET ADDRESS	190 VARSITY CIRCLE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	TS	<input type="checkbox"/> Delete
NAME	HALLIDAY, CHRISTOPHER M	
STREET ADDRESS	1868 EAGLE REST DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLIDAY, CHRISTOPHER M	
STREET ADDRESS	161 KENTUCKY BLUE CIRCLE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Douglas G Halliday* **REQUIRED** **DOUGLAS G HALLIDAY** 01/20/2003 (407) 299-6853
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)