## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 01, 2001 8:00 am Secretary of State **DOCUMENT # H66387** 1. Entity Name CANTWELL & MANNING STEEL ERECTORS, INC. 05-01-2001 90060 008 \*\*\*150.00 Principal Place of Business Mailing Address 3276 W. SCOTT STREET POST OFFICE BOX 18628 PENSACOLA FL 32505 PENSACOLA FL 32523 2. Principal Place of Business 3. Mailing Address 29 B STUMPFIECD FOAD 29 B STUMPFIELD ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2554213 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32503 31503 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANTWELL, JACK Street Address (P.O. Box Number is Not Acceptable) % 3276 W. SCOTT STREET PENSACOLA FL 32505 32503 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. HILE ☐ Delete TITLE ☐ Change Audition NAME CANTWELL, JACK NAME STREET ADDRESS 22611 KOIER ROAD STREET ADDRESS Cary-ST-ZiP CITY - ST-7:P ROBESTSDALE AL TITLE Delete TITLE Change Addition MANNING, ROBERT O., SR. NAME NAME STREET ADDRESS STREET ADDRESS 2502 DUNN STREET C!TY-S1-ZiP CITY - ST - 7:F PENSACOLA FL SILLE ☐ Dalete 71718 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7:P CITY-ST-ZIP T:T: F ☐ Delete TITLE Change Addition NAME MAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T:TLE De:ete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS

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 offect 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.

CHY-ST-ZIP

STREET ADDRESS

CITY-ST-7iP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

THE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date Daytime Phone #

Change

Addition