

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


FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90166 011 ***150.00

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DOCUMENT # P01000012263

1. Entity Name
DAY STEEL, INC.



Principal Place of Business
**794 WASHBURN ROAD
MELBOURNE FL 32934**

Mailing Address
**220 COLUMBIA DR
#15
CAPE CORAL FL 32920**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3690575** Applied For
Not Applicable

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



6. Name and Address of Current Registered Agent

**DOWDY, DAVID
220 COLUMBIA DR
#15
CAPE CANAVERAL FL 32920**

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 *David Dowdy Director* DATE 1-10-03

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	D	<input type="checkbox"/> Delete
NAME	DOWDY, DAVID	
STREET ADDRESS	220 COLUMBIA DR #15	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOWDY, DENNIS	
STREET ADDRESS	150 JOHNSON AVE #3	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLS, WAYNE	
STREET ADDRESS	114 BUCHANAN AVE #C2	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *David Dowdy* **SIGNATURE REQUIRED** DATE 1-10-03 DAYTIME PHONE # 288-2122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)