

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

03 APR 10 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000067226

1. Entity Name
ALL STEEL BUILDINGS TUBULAR DIVISION INC.



Principal Place of Business
**10159 U.S. HWY 41
GIBSONTOWN, FL 33534**

Mailing Address
**10159 U.S. HWY 41
GIBSONTOWN, FL 33534**

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

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



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0730963

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**MOCKUS, STANLEY L
267 ORIANA DR.
SPRING HILL, FL 34609**

7. Name and Address of New Registered Agent
Name **BOBBY L RAMEY**
Street Address (P.O. Box Number is Not Acceptable)
10159 US Hwy 41 S
City **Gibsonton** FL Zip Code **33534**

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 **Bob L Ramey** PRESIDENT DATE **4/3/03**
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOCKUS, STANLEY L 267 ORIANA DR. SPRING HILL, FL 34609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAMEY, BOBBY L 10159 U.S. HWY 41 GIBSONTOWN, FL 33534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BOBBY L RAMEY 10159 US Hwy 41 S Gibsonton FL 33534 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Bob L Ramey** DATE **4/3/03** 813-690-1836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)

gr 4/10