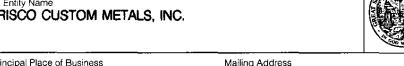
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P0000000238 DOCUMENT

1. Entity Name



FILED May 01, 2003 8:00 am § Secretary of State

05-01-2003 90250 020 ***150.00

FRISCO CUSTOM METALS, INC.					
Principal Place of Business 2001 HWY. 78 W. BUCKHEAD RIDGE FL 34974		Mailing Address 2001 HWY. 78 W. BUCKHEAD RIDGE FL 34974			
		·	-		
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & Stat	e	City & State	<u></u>	4. FEI Number 65-0984932 Applied For]
Zip	Country	Zip	Country	5 Certificate of Status Desired S8.75 Additional	
	6. Name and Address of Current	Registered Agent		7- Name and Address of New Registered Agent	┨
			Name		1
WHITE, H. TAYLOR 1650 N.E. 26 ST.			Street Address	s (P.O. Box Number is Not Acceptable)	1
FT. LAUD	ERDALE FL 33305				ĺ
			City	FL Zip Code	1
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: 8	Registered Agent signature requi	red when reinstating) DATE	
	ILE NOW!!!- FEE-IS \$150.00 ar May 7, 2003 Fee will be \$550.00	man to the second secon		9. Election Campaign Financing \$5.00 May Be	
Make Check	R Payable to Florida Department o	f State		Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<u>~</u>
NAME STREET ADDRESS CITY-ST-ZIP	GABOR, FRANCISCO 2001 HWY 78 WEST BUCKHEAD RIDGE FL 34974	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABOR, GRISELDA 2001 HWY 78 WEST BUCKHEAD RIDGE FL 34974	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	· {
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	·		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	Service of the Service of Association of Service of Ser	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empt or on an attachment with an address.	n this filing does not qualify for the strue and adjurate and that my bwered to execute this report as with all all religious femous results all all religious femous religious religious religious femous religious religi	ne exemption stated in signature shall have the required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if	