## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2001 8:00 am Secretary of State DOCUMENT # 162408 1. Entity Name 05-15-2001 90185 006 \*\*\*150.00 REEVES STEEL INC Principal Place of Business Mailing Address 6550 NEW TAMPA HWY 6550 NEW TAMPA HWY 00052746 LAKELAND FL 33815 LAKELAND FL 33815 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-0707255 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONALD C MARSH Street Address (P.O. Box Number is Not Acceptable) 5202 COTO PLACE VALRICO FL 33594 City 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. SIGNATURE Signature, typed or printed name of registered agent and little if applicable DATE (NOTE: Registered FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intargible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. st Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Change ☐ Addition ☐ Delete TITLE PD NAME NAME MARSH, D.C. STREET ADDRESS STREET ADDRESS 5202 COTO PLACE CITY-ST-ZIP CITY-ST-ZIP VALRICO FL. ☐ Delete TITLE Change Addition TITLE SD NAME MARSH, KAREN J. STREET ADDRESS STREET ADDRESS 5202 COTO PLACE CITY-ST-ZIP CITY-ST-ZIF VALRICO FL TITLE Delete TITLE ☐ Change Addition **VPD** NAME BUCKNER, G L STREET ADDRESS STREET ADDRESS 12122 WILDBROOK DR CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL ☐ Change ☐ Delete TITLE Addition NAME NAME MARSH, KENNETH T STREET ADDRESS STREET ADDRESS 1722 POWDER RIDGE DR. CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 □ Change Addition TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM

**FILED**