

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 235165

1. Entity Name

MARLYN STEEL PRODUCTS, INC.

Principal Place of Business

6808 HARNEY ROAD
TAMPA FL 33610

Mailing Address

6808 HARNEY ROAD
TAMPA FL 33610-9251

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1038552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, RICHARD R.
6808 HARNEY ROAD
TAMPA FL 33610

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.

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RICHARD, JAMES	
STREET ADDRESS	6808 HARNEY RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JAMES, EVELYN K	
STREET ADDRESS	6808 HARNEY RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JAMES, JEANNIE S	
STREET ADDRESS	6808 HARNEY RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	JAMES, W. STEVEN	
STREET ADDRESS	SLIGH AVE & HARNEY ROAD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JAMES, R. CHRIS	
STREET ADDRESS	SLIGH AVE & HARNEY ROAD	
CITY-ST-ZIP	TAMPA FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	JAMES, RICHARD C	
STREET ADDRESS	6808 HARNEY RD	
CITY-ST-ZIP	TAMPA FL	

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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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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:

Evelyn K. James, Secretary
Signature and Typed or Printed Name of Signing Officer or Director

4-17-00 813-621-1375
Date Daytime Phone #

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90067 033 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)