## **2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** 262042

## FILED Jan 22, 2002 8:00 am Secretary of State

1. Entity Nam	DAST STEEL ERECTORS, IN			01-22-2002 90120 009 ***150.00
Principal Place of Business  19273 BLOUNT RD  LUTZ FL-93949 US 33558		Mailing Address PO BOX 16578 TAMPA FLA 33687-3578 US		
2. Principal Place of Business		3. Mailing Address	<del></del>	18610 1984 SILIO 1001 CONT.
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 59-0976837 Applied For Not Applied ber
Zip	Country	Zip	Country	5. Certificate of Status Desired.   \$8.75 Additional Fee Required
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent
STANSEL, EDWARD L. 19273 BLOUNT ROAD LUTZ FL- <del>28549</del>			Street Address	ess (P.O. Box Number is Not Acceptable)
3	33558		City	FL Zip Code
SIGNATURE  Signature, typed or printed name of registered agent  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)		FILE NOW!	: Registered Agent signature required: !! FEE IS \$150.00 12 Fee will be \$550.00 le to Department of S	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITES: NAME STREET ADDRESS CITY-ST-ZIP	PD Stansel, Edward L. 19273 Blount Road Lutz Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS NORRIS, BETTY JO 5501 PURITAN ROAD TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS   CITY-ST-ZIP	D KELLY, RONALD 1211 LAKE CHARLES CIR LUTZ FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stansel, Dennis Edward 904 Stratford Manor Dr Brandon Fl 33510	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	. Change Addition

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:**