

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90046 023 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 291333</b>			
1. Entity Name <b>HERRON STEEL CO., INC.</b>			
Principal Place of Business <b>RT 10 BOX 408 TALLAHASSEE FL 32310-9062</b>		Mailing Address <b>P.O. BOX 2441 TALLAHASSEE FL 32316</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>1645 SILVERLAKE RD TALLAHASSEE FL</b>		3. Mailing Address Suite, Apt. #, etc. <b>TALLAHASSEE FL 32316</b>	
City & State <b>TALLAHASSEE FL</b>		4. FEI Number <b>59-1093213</b> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32310</b>	Country <b>LEON</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HERRON, WILLIAM H. SR. 1008 HAYES TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHIFLETT, PAMELA 7817 NIGO LN TALLAHASSEE FL 32311</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C.D. HERRON WILLIAM H. SR. 1008 HAYES ST. TALLAHASSEE FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWN, SUSAN 6822 LUALDED CIR TALLAHASSEE FL 32311</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD HERRON WILLIAM H. JR. 95 MAPLEWOOD DRIVE CRAWFORDVILLE FL 32327</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD HERRON, RUSSELL A. 544 HICKORYWOOD DRIVE CRAWFORDVILLE FL</b> <input 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	<b>D HERRON, MARY A. 1008 HAYES ST. TALLAHASSEE FL</b> <input 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	<b>D HERRON, ROBERT 6020 WILLIAMS RD TALLAHASSEE FL 32301</b> <input 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	<b>D LOVELAND, BARBARA 19 COAHOOES AVE GREEN ISLAND NY 12183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>W.D. Herron Jr. (W.D. Herron Jr.)</b>		Date <b>1-8-2001</b> Daytime Phone # <b>850 576 7111</b>	

CR2E034 (10/00)