2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 318401 1. Entity Name

ZAMBETTI STEEL PRODUCTS INC								
Principal Place of Busin	ess	Mailing Addres	s					
8750 PHILLIPS HWY JACKSONVILLE FL 32256 US		P. O. BOX 23547 JACKSONVILLE FL 32241 US						
2. Principal Place of Bu	siness	3. Mailing Addre	ess					
Suite, Apt. #, etc.		Suite, Apt. #,	etc.					
City & State	=	City & State						
Zio	Country	Zip	Country					

FILED Feb 19, 2001 8:00 am Secretary of State 02-19-2001 90063 031 ***150.00

JACKSONVILLE FL 32256		Mailing Address P. O. BOX 23547 JACKSONVILLE FL 32241 US			†) 4 7 6 7 180		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State			City & State		4. 1	4. FEI Number 59–1168516				pplied For ot Applicable	
Zip		Country	Zip	Coun	5. Certificate of Status Desired \$8.75 Addition Fee Required						
6. Name and Address of Current Registered Agent					7. ř	Name and Addr	ess of New R	legistered	Agent		
ZAMBETTI, MICHAEL J. 8750 PHILLIPS HIGHWAY JACKSONVILLE FL 32256			•	Name Street Addre	ess (P.O. E	3ox Number is N	ot Acceptable	9)			
					City				FL	Zip Cod	le
8. The above	named entity	submits this statement for t	the purpose of changing its	registere	ed office or reai	istered ad	ent, or both, in t	he State of Flo	orida.	l	
SIGNATURE		or printed name of registered agent an			d Agent signature rec				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, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		State	Trust Fur	Campaign Fir nd Contributio	n. [☐ Ádde	00 May Be d to Fees		
11.		OFFICERS AND D	IRECTORS	12.		AD	DITIONS/CHAN	IGES TO OFF	ICERS AN	D DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,MICHAEL J LIPS HIGHWAY VILLE FL	☐ Delete	•	ı					☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		WILLIAM D LIPS HIGHWAY	☐ Delete		l l					☐ Change	☐ Addition È
TITLE		Tail of the same	□ Delete		l	,~·-				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					-		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-	ET ADDRESS - ST-ZIP					☐ Change	Addition
13. I hereby o	certify that the	intermation supplied with the cream is to the complemental report is to the complemental report is the complemental report in the	his filing does not qualify for	the exer	nption stated in	n Section	119.07(3)(i), Flo	rida Statutes. .made under i	i turther ce oath: that l	rury that the i	mormation

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

Daytime Phone #