2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am **DOCUMENT # 350381 Secretary of State** 1. Entity Name AM-SPRAD METALS, INC. 03-05-2001 90231 001 ***300.00 Principal Place of Business Mailing Address 601 ROSELAND DRIVE 1180 SW 10TH ST W. PALM BEACH FL 33405 DELRAY 8CH FL 33444 64370 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4, FEI Number 59-1281226 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBBINS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 222 SE 10TH ST 4901 NW 17TH WAY, SUITE 305 FT LAUDERDALE FL 33316 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 Addition TITLE Delete TITLE Change AMELUNG.RICHARD L NAME NAME STREET ADDRESS STREET ADDRESS 1125 VISTA DEL MAR CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH FL ☐ Addition TITLE □ Delete TITLE Change AMELUNG, FRANK A, JR NAME NAME STREET ADDRESS STREET ADDRESS 2069 SW 7TH CT CiTY-ST-7IP CITY-ST-ZIP **BOCA RATON FL** TITLE Delete TITLE `Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: MICHARD HILLIER

STREET ADDRESS

CITY-ST-ZIP

Richard L. Amelung 2-27-01 561-278-2331

ate Daytime Phone #