## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am Secretary of State 350381 DOCUMENT # 1. Entity Name 05-14-2002 90164 001 \*\*\*450 00 AM-SPRAD METALS, INC. Mailing Address Principal Place of Business 1180 SW 10TH ST 601 ROSELAND DRIVE DELRAY BCH FL 33444 W. PALM BEACH FL 33405 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1281226 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBBINS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 222 SE 10TH ST 4901 NW 17TH WAY, SUITE 305 Zip Code FT LAUDERDALE FL 33316 City FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Flection Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (10/6)Change ☐ Addition ☐ Delete TITLE TITLE NAME AMELUNG.RICHARD L NAME STREET ADDRESS STREET ADDRESS 1125 VISTA DEL MAR CITY-ST-ZIP **DELRAY BCH FL** CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE AMELUNG, FRANK A, JR NAME NAME STREET ADDRESS STREET ADDRESS 2069 SW 7TH CT CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME' STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME

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 a other like empowered.

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Daytime Phone #