**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

**SIGNATURE:** 

## Jan 15, 2002 8:00 am Secretary of State DOCUMENT # 358169 1. Entity Name FOOTE STEEL CORPORATION 01-15-2002 90065 036 \*\*\*150.00 Principal Place of Business Mailing Address PO BOX 607736 6635 EDGEWATER DRIVE ORLANDO FL 32810 ORLANDO FL 32860-7736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1280711 Not Applicable Zip Zip Country 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 FOOTE.GEORGE E Street Address (P.O. Box Number is Not Acceptable) #1 DOWN DRIVE **WINDERMERE FL 32786** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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. TITLE ☐ Addition TITLE ☐ Delete NAME FOOTE, GEORGE E NAME STREET ADDRESS #1 DOWN DRIVE STREET ADDRESS CITY-ST-ZIP WINDERMERE FL CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE NAME FOOTE, PHYLLIS J NAME STREET ADDRESS STREET ADDRESS #1 DOWN DRIVE CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE FOOTE, GEORGE E. JR. NAME NAME STREET ADDRESS STREET ADDRESS 6635 EDGEWATER DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Change ☐ Addition TITLE ☐ Delete STEWART, GEORGE T JR NAME NAME STREET ADDRESS STREET ADDRESS 6635 EDGEWATER DR. CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32810 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET, ADDRESS CITY-ST-7IP 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