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2001 UNIFORM BUSINESS REPORT (UBR)

Sep 10, 2001 8:00 am Secretary of State DOCUMENT # 406206 1. Entity Name 09-10-2001 90062 038 ***550.00 COPELAND STEEL ERECTORS, INC. Principal Place of Business Mailing Address 3620 COPELAND DR. P.O. BOX 2007 ZEPHYRHILL\$ FL 33540 ZEPHYRHILLS FL 33539 2. Principal Place of Business 3. Mailing Address 3620 Coleland DR Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For 59-1574024 ZePhyehi//s Not Applicable 3<u>3640</u> \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLAM MORROW MORROW, D. WILLIAM ·4902 & WALLACE ROAD PLANT CITY FL 33567-3620 CoPeland DRIVE Zip Code 33640 8. The above named entity sub purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PCEO** ☐ Delete TITLE TITLE MORROW, D. WILLIAM NAME NAME 3620 CofelAND DRIVE CR2E034 4902 S. WALLACE ROAD STREET ADDRESS STREET ADDRESS PLANT CITY FL 33567 CITY-ST-ZIP CITY-ST-ZIP ZEPHYRAIKS, Pl 33540 ☐ Change ☐ Addition TITLE TITLE ☐ Defete NAME BETTON, MARK NAME 3620 COPELAND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33540 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 SIGNATURE: