2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State
09-10-2001 90062 038 ***550.00

DOCUMENT # 406206

1. Entity Name
COPELAND STEEL ERECTORS, INC.

Principal Place of Business	Mailing Address
3620 COPELAND DR.	~~P.O. BOX 2007~~
ZEPHYRHILLS FL 33540	~~ZEPHYRHILLS FL 33539~~
US	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	3620 Copeland Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Zephyrhills Fl
Zip / Country	Zip: 33640 / Country

4. FEI Number 59-1574024 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORROW, D. WILLIAM
~~4902 S. WALLACE ROAD~~
~~PLANT CITY FL 33567~~

7. Name and Address of New Registered Agent

Name: D. William Morrow
Street Address (P.O. Box Number is Not Acceptable): 3620 Copeland Drive
City: Zephyrhills FL Zip Code: 33640

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: [signature] DATE: 9/5/01
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCEO	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MORROW, D. WILLIAM		NAME	
STREET ADDRESS	4902 S. WALLACE ROAD		STREET ADDRESS	3620 Copeland Drive
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP	Zephyrhills, Fl 33540
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BETTON, MARK		NAME	
STREET ADDRESS	3620 COPELAND DRIVE		STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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		☐ Delete	TITLE	☐ Change ☐ Addition
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	

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.

SIGNATURE: [signature] 9/5/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/01)