2002 UNIFORM BUSINESS REPORT (UBR)

May 14, 2002 8:00 am Secretary of State **DOCUMENT #** 406206 1. Entity Name COPELAND STEEL ERECTORS, INC. 05-14-2002 90050 032 ***150 00 Principal Place of Business Mailing Address 3620 COPELAND DR. 3620 COPELAND DR. ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1574024 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORROW, D. WILLIAM Street Address (P.O. Box Number is Not Acceptable) 3620 COPELAND DR ZEPRYHILLS FL 33640 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 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 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PCEO** TITLE ☐ Delete TITLE ☐ Change ☐ Addition MORROW, D. WILLIAM NAME NAME STREET ADDRESS 3620 COPELAND DR STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33540 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition Retten, Mark NAME BETTON, MARK NAME STREET ADDRESS 3620 COPELAND DRIVE STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33540 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NĂMĒ 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF S

SIGNING OFFICER OF DIRECTOR

4/24/00

FILED

8137150401

Date