2003 FOR PROFIT CORPORATION

Apr 24, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** 406206 DOCUMENT # 1. Entity Name 04-24-2003 90259 041 ***150.00 COPELAND STEEL ERECTORS, INC. Mailing Address Principal Place of Business 3620 COPELAND DR. 11012959 3620 COPELAND DR. ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 59-1574024 Not Applicable Zip 33542 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Chick Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition **PCEO** TITLE ... Delete TITI F Morrow, D. William NAME NAME 3620 COPELAND DR STREET ADORESS STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME BETTEN, MARK NAME STREET ADDRESS STREET ADDRESS 3620 COPELAND DRIVE CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33540 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 10 or Block 11 if changed, or on an attachment er like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

FILED