

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90127 007 ***150.00

DOCUMENT # 424043

1. Entity Name
SCOTT STEEL, INC.



Principal Place of Business
P.O. BOX 1260
DESTIN, FL 32540-1260 US

Mailing Address
P.O. BOX 1260
DESTIN, FL 32540-1260 US

2. Principal Place of Business
4129 Indian Trail

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Destin, FL

City & State

4. FEI Number
59-1480273

Applied For
Not Applicable

Zip
32540-1260

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, JOHN L. JR
161 REGIONS WAY
BUILDING 5 SUITE D
DESTIN, FL 32641

Name

Street Address (P.O. Box Number is Not Acceptable)
4129 Indian Trail

City
Destin

FL Zip Code
32541

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 entity applicable.

(NOTE: Registered Agent signature required when resigning)

4/30/2003

DATE

FILED NOW: FEE \$100.00
APR 1, 2003
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	☐ Delete
NAME	SCOTT, JOHN L. JR.	
STREET ADDRESS	P.O. BOX 1260	
CITY-ST-ZIP	DESTIN, FL 325401260	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 with an authorized signature other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2003 (850) 650-2292

Date Daytime Phone #

CR2E034 (10/02)