## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 17, 2001 8:00 am Secretary of State DOCUMENT # 449510 1. Entity Name 05-17-2001 91307 001 \*\*\*150.00 SEABRITE STAINLESS STEEL OF FLORIDA, INC. Principal Place of Business Mailing Address 424 SOUTH DELEON AVE 424 SOUTH DELEON AVE 658000 TITUSVILLE FL 32796 TITUSVILLE FL 32796 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1521569 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BLUMENTHAL (GABRIEL H.)** Street Address (P.O. Box Number is Not Acceptable) 2323 S. WASHINGTON AVE. TITUSVILLE FL 32780 City Zip Code FL 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. DATE 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE TITLE Delete NAME NAME ZSIDO, JOHN S. STREET ADDRESS STREET ADDRESS 775 RIVER OAKS LANE CITY-ST-ZIP CITY-ST-7IP MERITT ISLAND FL ☐ Addition TITLE DP □ Delete TITLE Change NAME PANKUCH, RAYMOND NAME STREET ADDRESS STREET ADDRESS 3970 DAIRY RD CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL TITLE DVP ☐ Delete TITLE Change Addition NAME ZSIDO, GEORGE T. NAME STREET ADDRESS STREET ADDRESS 223 PENN AVENUE CITY-\$T-ZIP CITY-ST-ZIP EDISON NJ ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change 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 eath; 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.