

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90007 046 \*\*\*150.00

**DOCUMENT # 460698**

1. Entity Name  
**LEON IRON AND METAL, INC.**

Principal Place of Business 3720 WOODVILLE HWY 1351 AENON CHURCH TALLAHASSEE FL 32304 US	Mailing Address 3720 WOODVILLE HWY 1351 AENON CHURCH TALLAHASSEE FL 32304-9294 US
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2. Principal Place of Business <b>1351 AENON CHURCH RD.</b>	3. Mailing Address <b>1351 AENON CHURCH RD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TALLAHASSEE, FL</b>	City & State <b>TALLAHASSEE, FL</b>	4. FEI Number <b>59-1623393</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32304</b>	Country <b>LEON</b>	Zip <b>32304</b>	Country <b>LEON</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>FRIEDMAN, LEON B</b> <b>3720 SO WOODVILLE HWY</b> <b>TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name <b>FRIEDMAN LOIS K.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1351 AENON CHURCH RD.</b> <b>TALLAHASSEE,</b> City <b>FL 32304</b>
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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.  
**LEON B. FRIEDMAN IS DECEASED**  
 SIGNATURE Lois K. Friedman DATE OF DEATH IS 7-30-99 DATE 1-11-2000  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>CEO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FRIEDMAN, LEON</b>		NAME <b>FRIEDMAN, LOIS K.</b>	
STREET ADDRESS <b>3720 WOODVILLE HWY S.</b>		STREET ADDRESS <b>1351 AENON CHURCH RD.</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		CITY-ST-ZIP <b>TALLAHASSEE, FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>PRES.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FRIEDMAN, MARC, D</b>		NAME <b>FRIEDMAN, MARC D.</b>	
STREET ADDRESS <b>3720 WOODVILLE HWY</b>		STREET ADDRESS <b>1351 AENON CHURCH RD</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		CITY-ST-ZIP <b>TALLAHASSEE, FL. 32304</b>	
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FRIEDMAN, LOIS K.</b>		NAME	
STREET ADDRESS <b>3720 WOODVILLE HWY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **LOIS K. FRIEDMAN**

SIGNATURE: Lois K. Friedman DATE 1-11-2000 DAYTIME PHONE # 850-575-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)