

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 480112

1. Entity Name

BARTOW STEEL, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90572 005 ***558.75

Principal Place of Business

HIGHWAY 60
P. O. BOX 1789
BARTOW FL 33830

Mailing Address

HIGHWAY 60
P. O. BOX 1789
BARTOW FL 33830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1607402

Applied For

Not Applicable

Zip

Country

Zip

Country

33831-1789

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATTAWAY JR., JOHN A.
202 E. WALNUT STREET
LAKELAND FL 33802-7003

Name
Frost II, John W.

Street Address (P.O. Box Number is Not Acceptable)
395 South Central Avenue

City
Bartow

FL

Zip Code
33830

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

X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
ROCCAFORTE, JOSEPH A.
1500 CHIPPEWA
BATON ROUGE LA 70805

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MACEY, ROBERT S.
1836 PINNACLE DR.
LAKELAND FL 33813

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
LAXTON, DAVID L.
1500 CHIPPEWA
BATON ROUGE LA 70805

☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

Robert S. Macey
Robert S. Macey, President

8/11/00

Date

863-619-7473

Daytime Phone #

CR2E034 (5/00)