

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90053 040 ***163.75

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DOCUMENT # 519989

1. Entity Name

G. AND F. STEEL ERECTORS, INC.

Principal Place of Business

RT 3, BOX 142-E
MONTICELLO FL 32344

Mailing Address

RT 3, BOX 142-E
MONTICELLO FL 32344

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1606 CHERRY TREE RD.

Suite, Apt. #, etc.

1606 CHERRY TREE RD.

City & State

MONTICELLO, FLORIDA

City & State

MONTICELLO, FLORIDA

Zip

32344

Country

JEFFERSON

Zip

32344

Country

JEFFERSON

6. Name and Address of Current Registered Agent

BARROW, MICHAEL J
RT 3, BOX 142-E
CHERRY TREE LANE
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

Name

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

1606 CHERRY TREE RD.

City

MONTICELLO,

FL

Zip Code

32344

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 *Michael J. Barrow* **MICHAEL J. BARROW**

3-22-2002

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	BARROW, MICHAEL J	
STREET ADDRESS	RT 3, BOX 142-E	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHANCY, REX	
STREET ADDRESS	RT 3, BOX 142-E	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CHANCY, ALICIA MARIE	
STREET ADDRESS	RT 3 BOX 142 E	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1606 CHERRY TREE RD.	
CITY-ST-ZIP	MONTICELLO, FL. 32344	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1606 CHERRY TREE RD.	
CITY-ST-ZIP	MONTICELLO, FL. 32344	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1606 CHERRY TREE RD.	
CITY-ST-ZIP	MONTICELLO, FL. 32344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Michael J. Barrow* **MICHAEL J. BARROW** **3-22-2002** **850-9975052**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)