

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 612383

1. Entity Name

LIFETIME STEEL BUILDINGS, INC.

Principal Place of Business

Mailing Address

1715 OSCEOLA STREET
JACKSONVILLE FL 32204

1715 OSCEOLA STREET
JACKSONVILLE FL 32204-4605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1908477

Applied For

Not Applicable

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

CORBIN, CHARLES K JR.
1715 OSCEOLA ST.
JACKSONVILLE FL 32204

Name

William S. EWER

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

1715 OSCEOLA ST.

City

JACKSONVILLE

FL

Zip Code

32204

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 William S. EWER, P/T

William S. Ewer

3/13/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PTD	CORBIN, CHARLES K JR.	1715 OSCEOLA ST.	JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete						
SD	WILLIAM S EWER	1715 OSCEOLA ST.	JACKSONVILLE FL	<input type="checkbox"/> Delete	PRESIDENT/TREASURER	WILLIAM S. EWER	1715 OSCEOLA ST.	JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	SECRETARY	LINDA P. EWER	1715 OSCEOLA ST.	JACKSONVILLE, FL 32204	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> 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:

William S. EWER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00 401-389-5610

Date

Daytime Phone #

CR2E034 (9/99)