


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 834349 1. Entity Name UNITED TUBE CORPORATION	
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Principal Place of Business 1143-C COURT ST. CLEARWATER, FL 33756	Mailing Address 1143-C COURT ST. CLEARWATER, FL 33756
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DO NOT WRITE IN THIS SPACE



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number 34-0651344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of, minister agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000121749
 04/21/04-80001-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKNIGHT, F. R 1800 SOCIETY BLDG., E. 9TH & SUPERIOR CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRACHAN, NORMAN C 2680 CLUBHOUSE DR S CLEARWATER, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAPLAIN, ANGIE 2370 SHADE TREE LN. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATTLES, G W 111 112 WINDWARD ISLAND CLEARWATER, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, NORMAN N 2514 RICHMAR LN BRANDON, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angie Chaplain **4/13/04** 727-443-5784
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #