01-31-2002 90024 002 ***150.00

DOCUMENT # 844610

2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

LANCASTER STEEL CO., INC.

FILED
Jan 31, 2002 8:00 am
Secretary of State
Secretary of State

Principal Place of Business Mailing Address									
1650 S. DIXIE HWY STE. 2D P.O. BOX 3508 BOCA RATON FL 33432 BOCA RATON FL 33427					DAATAAA				
	Place of Business	3. Mailing Address						aldii 1919 isbi	
Suite, Apt.		Suite, Apt. #, etc.			DO NOT	WRITE IN THIS SF	ACE		
FOTT L		City & State		4	. FEI Number 13-5194	4685	<u> </u>	oplied For	
Zio 3333		Zip	Country	5	. Certificate of Status Desi	red 🗆 \$	8.75 Add	ditional	
427	6. Name and Address of Current	Registered Agent		7.	. Name and Address of N			-	
			Name-						_
VISMANTAS, ANDRIUS C/O LAW OFFICES OF DAVID HANNAN			Street	Address (P.O	. Box Number is Not Acce	otable)			l
	V. 4TH ST., STE. 102								
PLANTAT	ION FL 33317		City			FL	Zip Cod	le	
8. The above	named entity submits this statement for	or the purpose of changing its re	egistered office of	or registered a	agent, or both, in the State	of Florida.	L		
.•									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signa	ature required whe	n reinstating)	DATE			
This corporation is eligible to satisfy its Intangible FILE NOW!!! I					10. Election Campaig	ın Financing	\$5.0	00 May Be	
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Make Check Payable					Trust Fund Contri			d to Fees	
11.	OFFICERS AND		12.		ADDITIONS/CHANGES TO			 -	۔
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r nereby certify that the information supplied with this information 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 a gladgress, will all other like empowered.

SIGNATURE:

MERINAGED VIALE TARASUNER 1-14-02 9546473077
ITED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #