## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 04, 2000 8:00 am Secretary of State DOCUMENT # 854760 1. Entity Name TAPCO, INC. TUPEKO AKUMINUM PRODUCTSX INCX 04-04-2000 90057 026 \*\*\*150.00 ACE METAL PRODUCTS, INC. DBA Mailing Address Principal Place of Business 1813 MCCULLOUGH BLVD MCCULLOUGH BLVD P.O. BOX 1427 P.O. BOX 1427 0000000-TUPELO MS 38801 TUPELO MS 38802-1427 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 64-0524708 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEWIS, TIM Street Address (P.O. Box Number is Not Acceptable) 989 MAGNOLIA ST. **ALTAMONTE SPRINGS FL 32701** City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After NIAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ Delete TiTLE NAME NAME STILL, LYNN ROBERTS STREET ADDRESS STREET ADDRESS 305 MAGNOLIA CITY-ST-ZIP CITY-ST-ZIE **NEW ALBANY MS** ☐ Addition ☐ Celete TITLE Change TITLE NAME ROBERTS, JAMES W NAME STREET ADDRESS STREET ADDRESS 1813 MCCULLOUGH BLVD CITY-ST-ZIP CITY-ST-ZIP TUPELO MS ☐ Delete TITLE Change ☐ Addition TITLE STD NAME NAME ROBERTS, BETTY C STREET ADDRESS STREET ADDRESS 1813 MCCULLOUGH BLVD CITY-ST-ZIP CITY-ST-ZIP TUPELO MS ☐ Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS 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

SIGNATURE: MARCH 10, 2000 662-841

changed, or on an attachment with an address, with all other like empowered.