FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an

SIGNATURE:

Feb 21, 2002 8:00 am Secretary of State DOCUMENT # F00000005046 1. Entity Name SOUTHEAST STEEL REBAR COMPANY 02-21-2002 90008 022 ***158.75 Principal Place of Business Mailing Address 108 BRANDLEWOOD DRIVE 108 BRANDLEWOOD DRIVE SAVANNAH GA 31405 SAVANNAH GA 31405 3. Mailing Address 143 Telfair 2. Principal Place of Business 143 Telf Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 58-2323551 Not Applicable Davanna reorgia 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 FOSTER, DENIA Street Address (P.O. Box Number is Not Acceptable) **Ardisia** 8607 GALVESTON AVE JACKSONVILLE FL 32211 named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above -30- 02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. CR2E034 (9/01) ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME FOSTER, GLEN E STREET ADDRESS STREET ADDRESS 108 BRANDLEWOOD DRIVE CITY-ST-ZIP CITY-ST-7IP SAVANNAH GA 31405 Change ☐ Addition ☐ Delete TITLE TITLE VS NAME FOSTER, DÉNIA STREET ADDRESS STREET ADDRESS 108 BRANDLEWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP SAVANNAH GA 31405 Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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