

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91301 048 ***150.00

DOCUMENT # F02000005466

1. Entity Name
NUCOR STEEL SERVICES OF FLORIDA, INC.



Principal Place of Business
**5100 NE 9TH AVE.
POMPANO BEACH, FL 33064**

Mailing Address
**5100 NE 9TH AVE.
POMPANO BEACH, FL 33064**

11024103



☐ CHECK HERE IF MAKING CHANGES

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
55-0797900

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

☐ ENTER

DATE

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DIMICCO, DANIEL R	
STREET ADDRESS	2100 REXFORD ROAD	
CITY-STATE-ZIP	CHARLOTTE, NC 28211	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LISENBY, TERRYL S	
STREET ADDRESS	2100 REXFORD ROAD	
CITY-STATE-ZIP	CHARLOTTE, NC 28211	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARRISH, D. MICHAEL	
STREET ADDRESS	2100 REXFORD ROAD	
CITY-STATE-ZIP	CHARLOTTE, NC 28211	
TITLE	S	<input type="checkbox"/> Delete
NAME	EAGLE, RAE	
STREET ADDRESS	2100 REXFORD ROAD	
CITY-STATE-ZIP	CHARLOTTE, NC 28211	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BOWERS, ELIZABETH W	
STREET ADDRESS	2100 REXFORD ROAD	
CITY-STATE-ZIP	CHARLOTTE, NC 28211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-STATE-ZIP		
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

Elizabeth W Bowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 24 2003

Date

Daytime Phone #

CR2E034 (10/02)