

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90036 035 ***150.00

0123122 AV

DOCUMENT # **F29159**

1. Entity Name

SEABRITE STAINLESS STEEL, INC.

Principal Place of Business

P O BOX 540368
 MERRITT ISLAND FL 32954-0368
 US

Mailing Address

P O BOX 540368
 MERRITT ISLAND FL 32954-0368
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2089536**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIELVOGEL, LEONARD, ESQ.
 101 SO COURTENAY PRKWY #201
 MERRITT ISLAND FL 32952

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☐ Delete
 NAME **ZSIDO, JOHN S**
 STREET ADDRESS **775 RIVER OAKS LN.**
 CITY-ST-ZIP **MERRITT ISLAND, FL 00000**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32953**

TITLE **STD** ☐ Delete
 NAME **ZSIDO, SHARON L**
 STREET ADDRESS **775 RIVER OAKS LANE**
 CITY-ST-ZIP **MERRITT ISLAND, FL 00000**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32953**

TITLE **V** ☐ Delete
 NAME **COFFEY, LORA**
 STREET ADDRESS **1795 KETTERING RD**
 CITY-ST-ZIP **ALCOA TN**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **37701**

TITLE **VD** ☐ Delete
 NAME **PANKUCH, RAYMOND**
 STREET ADDRESS **3970 DAIRY RD**
 CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32796**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

John S. Zsido
JOHN S. ZSIDO
 PRESIDENT

Date

2-26-02

Daytime Phone #

321-459-1282

CR2E034 (9/01)