2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F75359

1. Entity Name

WAYNE METAL PRODUCTS, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

5461 BENCHMARK LANE SANFORD FL 32773

Suite, Apt. #, etc.

SIGNATURE:

5461 BENCHMARK LANE SANFORD FL 32773-6433

3. Mailing Address

Suite, Apt. #, etc.

City & State		City & State		4.	59-2180982	-	opiled For ot Applicable
Zìp	Country	Zip	Country 5.		Certificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Registe	ered Agent	
			Nam	e			
HOLMES, WAYNE J 5461 BENCHMARK LANE				Street Address (P.O. Box Number is Not Acceptable)			
1						(
SANFORD FL 32771			City			FL Zip Cod	e
8. The above	named entity submits this statement for	r the purpose of changing i	ts registered offic	e or registered ag	gent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NO	OTE: Registered Agent s	gnature required when r	einstating)	DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2006 Make Check Payable				⇒ \$550.00	10. Election Campaign Financin Trust Fund Contribution.	9 \$5.0 Added	0 May Be d to Fees
11.	OFFICERS AND	DIRECTORS	12.	ΑC	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMES, WAYNE J 385 BUSH HILL CT LAKE MARY FL	☐ Delete	TITLE NAME STREET ADDRE	SS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HOLMES, GLEN R 385 BUSH HILL CT LAKE MARY FL	☐ Delete	TITLE NAME STREET ADORI CITY-ST-ZIP	SSS		Change	Addition
TITLE	D	□ Delete	TITLE			☐ Change	Addition
NAME Street address City-St-Zip	HOLMES, GLEN R 385 BUSH HILL CT LAKE MARY FL		NAME STREET ADDRI CITY-ST-ZIP	ess			
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRI	ESS		☐ Change	☐ Addition

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.

Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90064 046 ***150.00

DO NOT WRITE IN THIS SPACE