

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90254 041 \*\*\*150.00

**DOCUMENT # F89897**

1. Entity Name

**ANCHOR STEEL INCORPORATED**

Principal Place of Business

**13014 N.DALE MABRY  
 SUITE 366  
 TAMPA FL 33618**

Mailing Address

**13014 N.DALE MABRY  
 SUITE 366  
 TAMPA FL 33618**

2. Principal Place of Business

**13014 N.DALE MABRY**

3. Mailing Address

**13014 N.DALE MABRY**

Suite, Apt. #, etc.

**<DELETE SUITE 366>**

Suite, Apt. #, etc.

**<DELETE SUITE 366>**

City & State

**TAMPA FL**

City & State

**TAMPA FL**

Zip

**33618**

Country

Zip

**33618**

Country

4. FEI Number

**59-2596439**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GOOD, ROLLAND L.**

**10115 FRIERSON LAKE DRIVE  
 HUDSON FL 33562**

7. Name and Address of New Registered Agent

Name

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

**JUST CHANGE ZIP CODE**

City

**FL**

Zip Code

**34669**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VTD  
 GOOD, ROLLAND  
 13014 N.DALE MABRY  
 TAMPA FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSD  
 KRICKOVICH, GEORGE  
 13014 N.DALE MABRY  
 TAMPA FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 CITY-ST-ZIP  
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TITLE  
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 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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 CITY-ST-ZIP  
☐ 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.

SIGNATURE:

**Rolland L. Good, V.P.**

**4-23-02 (813) 971-9803**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)