

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94370

1. Entity Name
OLD SAYBROOK METALS, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90088 044 ***150.00

Principal Place of Business

Mailing Address

16200 OLD U.S. 41
D-2
FT. MYERS FL 33912
US

16200 OLD U.S. 41
D-2
FT. MYERS FL 33912
US

702807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15804 BROTHERS CT.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3

City & State

City & State

FORT MYERS, FL

Zip

Country

Zip

Country

33912

4. FEI Number 59-2205908

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

DALLAS, EDWARD A
17274 SAN CARLOS BLVD.
SUITE #202
FT. MYERS BEACH, FL 33931

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, 2001 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 P
NAME LEA, GARRY L.
STREET ADDRESS 17210 ORIOLE RD.
CITY-ST-ZIP FT. MYERS FL 33912

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

TITLE VST
NAME LEA, NANCY J.
STREET ADDRESS 17210 ORIOLE RD.
CITY-ST-ZIP FT. MYERS FL 33912

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

NANCY LEA, VP

Date

Daytime Phone #

1-12-01

941-482-0070

CR2E034 (10/00)