್ಷ್ಯಾ 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005378

1. Entity Name

INDUSTRIAL GALVANIZERS - SOUTHEASTERN, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02 05 2000 00026 022 ***150 00

Principal Place							
i morpar Flace	e of Business	Mailing Address		-	_		
C/O SOUTHEASTERN GALV. DIV. PO BOX 1367 MANGO FL 33550		C/O DELTA AMERICA SUITE 117. 433 S. MAIN ST. W. HARTFORD CT 06110-2816		LUU10420			
2. Principal Pla	ace of Business	3. Mailing Address					
Suite, Apt. #, etc.		. Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3337381	Applied Fo		
Zip	Country	Zip	Coun	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		L .	7. Name and Address of New Re	gistered Agent	
			•	Name			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)			
PLANT							
				City		FL Zip Code	
8. The above r	named entity submits this statement fo	r the purpose of changing if	ts registere	ed office or regis	stered agent, or both, in the State of Flori	ida.	
SIGNATURE							
	Signature, typed or printed name of registered agent a	and title if applicable. (NC)TE: Registere	ed Agent signature requ	ired when reinstating)	DATE	
•	ration is eligible to satisfy its Intangible equirement and elects to do so.			IS \$150.00 will be \$550.0	10. Election Campaign Fina	+=,	
(See criteria	<u> </u>	Make Check Paya			i iiusi fuliu Galiilibulion.	. 📙 Added to Fee	
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 11	
	P	☐ Delete	TITLE	. P	/D	Change 🗆	
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	C/O SEG 9520 EAST BROADWAY	ſ		EET ADDRESS C /	20 East Broadway	Tampa, FL331	
	TAMPA FL 33619 SD	Delete	TITLE	197	7	,	
	ATKINSON, TODD G.	Jeiete		• •		Change	
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	C/O DELTA, SUITE 117, 433 S. M.	1AIN STREET	NAM	EE S	·	Change	
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Thereby certify that the information supplied with this inline does not quality for the exemption state in control state in the proof of supplied with this inline does not quality for the exemption state in the component of the 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attaching with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE: