

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 90026 023 ***150.00

| | |
|---|---|
| Principal Place of Business C/O SOUTHEASTERN GALV. DIV. PO BOX 1367 MANGO FL 33550 | Mailing Address C/O DELTA AMERICA SUITE 117, 433 S. MAIN ST. W. HARTFORD CT 06110-2816 |
|---|---|

LUU10420



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number **59-3337381** Applied For Not Applied

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ (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, 2000 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 | P HANSEN, JOHN C C/O SEG 9520 EAST BROADWAY TAMPA FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ATKINSON, TODD G. C/O DELTA, SUITE 117, 433 S. MAIN STREET WEST HARTFORD CT 06110 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PETERSON, FRANK M. C/O SEG., 9520 EAST BROADWAY TAMPA FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SHEPPARD, SHAUN G C/O SEG 9520 EAST BROADWAY TAMPA FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D David W. Lew C/O Industrial Galvanizers - Southeastern, I. 9520 East Broadway, Tampa, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/VP/Chief Technical Officer Thomas J. Kinstler C/O Industrial Galvanizers - Southeastern, I. 9520 East Broadway, Tampa, FL 33619 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D c/o Industrial Galvanizers - Southeastern 9520 East Broadway, Tampa, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S c/o Industrial Galvanizers - Southeastern, 9520 East Broadway, Tampa, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P./G.M./D. c/o Industrial Galvanizers - Southeastern, 9520 East Broadway, Tampa, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/T/D/Assn't S c/o Industrial Galvanizers - Southeastern, I. 9520 East Broadway, Tampa, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D David W. Lew C/O Industrial Galvanizers - Southeastern, I. 9520 East Broadway, Tampa, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/VP/Chief Technical Officer Thomas J. Kinstler C/O Industrial Galvanizers - Southeastern, I. 9520 East Broadway, Tampa, FL 33619 |

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 changed, or on an attached address, with all other like empowered.

SIGNATURE: *Todd G. Atkinson* **Secretary** 2/1/00 860-561-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #