

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90003 005 \*\*\*150.00

**DOCUMENT # F95000005378**

1. Entity Name  
**INDUSTRIAL GALVANIZERS - SOUTHEASTERN, INC.**

Principal Place of Business <b>9520 EAST BROADWAY          TAMPA FL 33619</b>	Mailing Address <b>% INDUSTRIAL GALVANIZERS AMERICA          2800 WATERFORD LAKE DR SUITE 202          MIDLOTHIAN VA 23112</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>9520 EAST BROADWAY</b>	3. Mailing Address <b>INDUSTRIAL GALVANIZERS AMERICA</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>2800 WATERFORD LAKE DRIVE          SUITE 202</b>
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City & State <b>TAMPA FL</b>	City & State <b>MIDLOTHIAN VA</b>
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4. FEI Number <b>59-3337381</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33619</b>	Country <b>USA</b>	Zip <b>23112</b>	Country <b>USA</b>
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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

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

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>PD HANSEN, JOHN C 9520 E BROADWAY TAMPA FL 33619</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ATKINSON, TODD G. % IGA 2820 WATERFORD LAKE DR STE 202 MIDLOTHIAN VA 23112</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PETERSON, FRANK M. 9520 E BROADWAY TAMPA FL 33619</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD SHEPPARD, SHAUN G 9520 E BROADWAY TAMPA FL 33619</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEW, DAVID W 9520 E BROADWAY TAMPA FL 33619</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP KINSTLER, THOMAS J 9520 E BROADWAY TAMPA FL 33619</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER BOUZAKIS ENAS % IGA 2820 WATERFORD LAKE DR STE 202 MIDLOTHIAN VA 23112</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BD SCHRIDER % IGA 2820 WATERFORD LAKE DR STE 202 MIDLOTHIAN VA 23112</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GM VADEN RON 9520 EAST BROADWAY TAMPA FL 33619</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GM MELTON MARK 9520 EAST BROADWAY TAMPA FL 33619</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GM DELA VEGA, JAVIER 9520 EAST BROADWAY TAMPA FL 33619</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SHEPPARD, SHAUN G **4/23/2002** **844-763 1760**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)