

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000006728**

1. Entity Name

METALS USA BUILDING PRODUCTS SOUTHEAST, INC.**FILED****Apr 05, 2001 8:00 am**
Secretary of State

04-05-2001 90080 015 ***150.00

Principal Place of Business

**1746 EAST MAIN STREET
LEESBURG FL 34748
US**

Mailing Address

**P.O. BOX 895008
LEESBURG FL 34789-5008
US**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7815 AMERICAN WAY

Suite, Apt. #, etc.

3. Mailing Address

7815 AMERICAN WAY

Suite, Apt. #, etc.

City & State

GROVELAND

City & State

GROVELAND FL

4. FEI Number

52-2068077

Applied For

Not Applicable

Zip

FL

Country

USA

Zip

34736

Country

USA5. 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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, TOM	
STREET ADDRESS	227 S. TOWN EAST BLVD	
CITY-ST-ZIP	MESQUITE TX 75149	

TITLE	VC	<input type="checkbox"/> Delete
NAME	KIRKSEY, J. M	
STREET ADDRESS	THREE RIVERWAY, SUITE 600	
CITY-ST-ZIP	HOUSTON TX 77056	

TITLE	PD	<input type="checkbox"/> Delete
NAME	APPLEBEE, ALLEN	
STREET ADDRESS	1746 EAST MAIN STREET	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	AT	<input type="checkbox"/> Delete
NAME	ST. CLAIR, KEITH	
STREET ADDRESS	THREE RIVERWAY, SUITE 600	
CITY-ST-ZIP	HOUSTON TX 77056	

TITLE	AS	<input type="checkbox"/> Delete
NAME	HAGEMAN, JOHN A	
STREET ADDRESS	THREE RIVERWAY, SUITE 600	
CITY-ST-ZIP	HOUSTON TX 77056	

TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, J. PATRICK	
STREET ADDRESS	1746 EAST MAIN STREET	
CITY-ST-ZIP	LEESBURG FL 34748	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)