

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006113

1. Entity Name

MENKO STEEL SERVICE CORPORATION

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90030 017 ***150.00

Principal Place of Business

Mailing Address

PO BOX 40296
HOUSTON TX 77240

5399 LAUBY RD
#120
N. CANTON OH 44720

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 76-0563387

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

WHELESS, BILL
% PENINSULAR WAREHOUSE CO.
1610 INDUSTRIAL BLVD
JACKSONVILLE FL 32254

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	PD	<input type="checkbox"/> Delete
NAME	GILL, ROBERT J	
STREET ADDRESS	5399 LAUBY RD	
CITY-ST-ZIP	NORTH CANTON OH 44720	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	GILL, JEFFREY C	
STREET ADDRESS	5399 LAUBY RD	
CITY-ST-ZIP	NORTH CANTON OH 44720	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GILL, JACQUELINE	
STREET ADDRESS	5399 LAUBY RD	
CITY-ST-ZIP	NORTH CANTON OH 44720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J Gill	
STREET ADDRESS	5399 Lauby Road	
CITY-ST-ZIP	North Canton OH 44720	
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		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard E Viniquerra	
STREET ADDRESS	5399 Lauby Road	
CITY-ST-ZIP	North Canton OH 44720	
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		

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 attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff C. Gill

Date

3-8-01

Daytime Phone #

330-494-2800

CR2E034 (10/00)