

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90008 025 \*\*\*150.00

**DOCUMENT # F98000006113**

1. Entity Name

**MENKO STEEL SERVICE CORPORATION**

Principal Place of Business

**PO BOX 40296  
HOUSTON TX 77240**

Mailing Address

**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]*  
Signature, typed or printed name of registered agent, title if applicable (NOTE: Registered Agent signature required when reinstating)

*15 MARCH 2002*  
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHR	<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	P	<input type="checkbox"/> Delete
NAME	VINCIQUERRA, RICHARD E	
STREET ADDRESS	5399 LAUBY RD	
CITY-ST-ZIP	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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8 APRIL 2002 330.494.2600*  
Date Daytime Phone #

CR2EN34 (9/01)