

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001137

1. Entity Name

SHEET METAL ACQUISITION COMPANY, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90007 007 ***150.00

Principal Place of Business

Mailing Address

PIEDMONT CENTER, STE. 110
3525 PIEDMONT
ATLANTA GA 30305

7 PIEDMONT CENTER, STE. 110
3525 PIEDMONT
ATLANTA GA 30305-1530

2. Principal Place of Business

14945 N.W. 25th Court

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33054

Country

Dade

City & State

Zip

Country

4. FEI Number

58-2447151

APPLIED FOR

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 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	C	<input type="checkbox"/> Delete
NAME	FESTA, EDWARD J	
STREET ADDRESS	7 PIEDMONT CENTER, 3525 PIEDMONT RD.	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	SINYARD, DAVID B	
STREET ADDRESS	7 PIEDMONT CENTER, 3525 PIEDMONT RD.	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEMENTS, JAMES E	
STREET ADDRESS	7 PIEDMONT CENTER, 3525 PIEDMONT RD.	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAPSON, DUANE A	
STREET ADDRESS	7 PIEDMONT CENTER, STE. 110	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David B. Sinyard
David B. Sinyard

2/15/00

Date

404/467-6100

Daytime Phone #

CR2E034 (9/99)