## 2002 UNIFORM BUSINESS REPORT (UBR) G23017 DOCUMENT # 1. Entity Name PRO STEEL, INC. Principal Place of Business Mailing Address P.O. BOX 1490 457 RIVER RD., LOT 11 OAKHILL FL 32759 **EDGEWATER FL 32132** US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent ---

## FILED Apr 28, 2002 8:00 am Secretary of State

04-28-2002 90786 014 \*\*\*150.00

Principal Place of Business 457 RIVER RD., LOT 11 OAKHILL FL 32759 US 2. Principal Place of Business Suite, Apt. #, etc.			Mailing Address P.O. BOX 1490 EDGEWATER FL 32132 US				DO NOT WRITE IN THIS SPACE				
			3. Mailing Address	3. Mailing Address							
			Suite, Apt. #, etc.								
City & State			City & State			4.	FEI Number <b>59-2253038</b>			plied For t Applicable	]
Zip Country		Country	Zip	Zip Countr		5.	Certificate of Status Desired		.75 Add Require		1
<u> </u>	6. Name	end Address of Current	Registered Agent		= 22-	7	Name and Address of New Registe	red.Age	nt		]
MONOON DONOLAG					Name						
JACKSON, DOUGLAS L 457 RIVER RD., LOT 11					Street Add	Street Address (P.O. Box Number is Not Acceptable)					
OAKHILL FL 32759					City			FL Zip Code			-
SIGNATURE .	Signature, typed o	or printed name of registered agent	t and title if applicable.	(NOTE: Regist	ered Agent signature	required when	reinstating) D/	ΤE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			After May	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St			Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees		
11.		OFFICERS AND	DIRECTORS	1:	2.	A	DDITIONS/CHANGES TO OFFICERS	AND DI	RECTORS	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS Delete  JACKSON, DOUGLAS L 2200 POPE AVE. S DAYTONA FL		N.	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C	) Change	☐ Addition	CR2E034 (9/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		N/ S1	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		) Change	Addition	CR.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	N/ S1	TLE  AME  TREET ADDRESS  ITY-ST-ZIP				Change	Addition	
TITLE			☐ Delete	П	TLF				l Change	☐ Addition	1

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 reserver 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Change

☐ Addition

Addition