2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 15, 2002 8:00 am Secretary of State DOCUMENT # G30285 1. Entity Name 04-15-2002 90032 021 ***155.00 PERRY STEEL, INC. Mailing Address Principal Place of Business 126 LITHIA RD 126 LITHIA RD BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ==City:&:State===== 4. FEI Number Applied For 59-2270014 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COWNSHEND, DAVID A Street Address (P.O. Box Number is Not Acceptable) 608 W HORATIO STR TAMPA FL 33606 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.004May:Be: After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITLE Change TITLE ☐ Delete NAME PERRY, MARK R NAME STREET ADDRESS 2804 SUGAR RIDGEWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP valrico fl ☐ Delete TITLE Change Change ☐ Addition TITI F **VPS** NAME NAME O'SHEA, MELODY STREET ADDRESS STREET ADDRESS 2804 SUGAR RIDGEWAY CITY-ST-ZIP CITY-ST-ZIP VALRICO FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS AMENIO S CITY-ST-ZIP 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.