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Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 28, 2002 8:00 am Secretary of State DOCUMENT # H68157 1. Entity Name 01-28-2002 90033 045 ***150.00 STAN-CO STEEL, INC. Mailing Address Principal Place of Business 4742 FOUNTAIN DRIVE, S. 4742 FOUNTAIN DRIVE. S. LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2561039 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SLOAN, STANLEY Street Address (P.O. Box Number is Not Acceptable) 4742 FOUNTAIN DRIVE. S. LAKE WORTH, FL 33467 海岸法 一下 競争事件 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) --- FILE NOW!!! FEE IS \$150.00 -9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 12. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Change TITLE ŊΡ ☐ Delete NAME SLOAN, STANLEY STREET ADDRESS 4742 FOUNTAIN DRIVE S. STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME HOLT, LINDA D. STREET ADDRESS STREET ADDRESS 337 E. BAY ST. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP In this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and their row signature shall have the same legal effect as if made under oath; that I am an officer or director powered to execute this septing as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied indicated on this report or supplemental re of the corporation or the receiver or trust changed, or on an attachment with an a