

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90069 014 ***150.00

DOCUMENT # J39104

1. Entity Name

SOUTHERN STEEL DRUMS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 278
 ZELLWOOD FL 32798-0278

P.O. BOX 278
 ZELLWOOD FL 32798-0278

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 **59-2854834**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, J.M.
6191 JONES AVE.
ZELLWOOD FL 32798

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **MURPHY, J M**
 STREET ADDRESS **6191 JONES AVE**
 CITY-ST-ZIP **ZELLWOOD FL**

TITLE **VP & Director** Change Addition
 NAME **Elliot Pearlman**
 STREET ADDRESS **6191 Jones Avenue**
 CITY-ST-ZIP **Zellwood, FL**

TITLE **S** Delete
 NAME **HANSEN, GAYLE**
 STREET ADDRESS **2300 W 13 ST**
 CITY-ST-ZIP **CHICAGO IL**

TITLE **Secretary** Change Addition
 NAME **Gayle Hansen-Dalicandro**
 STREET ADDRESS **6191 Jones Avenue**
 CITY-ST-ZIP **Zellwood, FL**

TITLE **T** Delete
 NAME **SERGE, TONY**
 STREET ADDRESS **1540 S GREEBWOOD AVE**
 CITY-ST-ZIP **MONTEBELLO CA**

TITLE **Treasurer** Change Addition
 NAME **Gerald P. Butler, Jr.**
 STREET ADDRESS **6191 Jones Avenue**
 CITY-ST-ZIP **Zellwood, FL**

TITLE **D** Delete
 NAME **LEE, CALVIN**
 STREET ADDRESS **1540 S GREEN WOOD AVE**
 CITY-ST-ZIP **MONTEBELLO CA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **SLAVIN, BARRY**
 STREET ADDRESS **2300 W 13 ST**
 CITY-ST-ZIP **CHICAGO IL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 supplement 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]
M. Munday

Date

Daytime Phone #

2/15/00

CR2F034 (9/99)