Q:

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

SIGNATURE

J56327



FILED Apr 21, 2003 8:00 am Secretary of State

Daytime Phone #

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1. Entity Name SOUTH SEMINOLE SHEET METAL, INC.				04	4-21-2003 90537 034	***150	.00	
Principal Plac 5450 S BRYA SANFORD FL US		Mailing Address 5450 S BRYANT AVE SANFORD FL 32773 US	<u> </u>	1 100/10 141/31	(10 D) 10 D) 10 D) 10 D) 10 D) 10 D)			
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				HECK HERE IF MAKING C	HANGES			
City & State City & State		City & State		4. FEI Number 59	KU_2/K2111			
Zip	Country	Zip	Country	5. Certificate of Stat	tus Desired	B.75 Addee Require		
	6. Name and Address of Curren	t Registered Agent ~		7. Name and Addre	ess of New Registered Ag			ł
			Name		<u></u>			1
FIELDS, RONALD D 5450 S BRYANT AVE			Street	Street Address (P.O. Box Number is Not Acceptable)				
SANFORE) FL 32773							Ì
			City		FL	Zip Cod	e e	
	named entity submits this statement in ions of registered agent.	or the purpose of changing its	registered office	registered agent, or both, in th	e State of Florida. I am far	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered ager	at and title if applicable. (NOTE	: Registered Agent sign	re required when reinstating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of				Campaign Financing d Contribution.		O May Be i to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHAN	GES TO OFFICERS AND D	IRECTOR:	S IN 11	{
TITLE	D	☐ Delete	TITLE	CEO/President		Change	Addition	8
NAME STREET ADDRESS CITY-ST-ZIP	FIELDS, RONALD D 5450 S BRYANT AVE SANFORD FL 32773		NAME STREET ADDRESS CITY-ST-ZIP	•		•		CR2E034 (10/02)
TITLE	ST ST		TITLE] Change	Addition	122
NAME STREET ADDRESS CITY-ST-ZIP	FIELDS, EDDY J 5450 S BRYANT AVE SANFORD FL 32773	_ 55540	NAME STREET ADDRESS CITY-ST-ZIP			- ,	~	0
TITLE	P	Delete	TITLE] Change	Addition	٠.
NAME STREET ADDRESS CITY-ST-ZIP	Maxman, Robert J 5450 S Bryant Ave Sanford Fl. 32773	· •	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME	David Harke	ant Aveni	Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	Soutord Fi	132773			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ĵ	- Change	☐ Addition	
indicated of the cor	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachmen with an address.	is true and accurate and that mo sowered to execute this report a	v signature shall	ive the same legal effect as if r	nade under oath: that I am	an officer	or director	