

. 2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J57458**

1. Entity Name

D.C. SHEET METAL, INC.**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90061 029 ***150.00

0167689

Principal Place of Business

**236 NE 103 STREET
MIAMI SHORES FL 33138**

Mailing Address

**236 NE 103 STREET
MIAMI SHORES FL 33138**

2. Principal Place of Business

3. Mailing Address

P O Box 759

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Comer, GA4. FEI Number **59-2773036**

Applied For

Not Applicable

Zip

Country

Zip

Country

30629**USA**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KUKER, HOWARD L.
9200 S. DADELAND BLVD.
SUITE 508
MIAMI FL 33156**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **CALFEE, MARK D.**
STREET ADDRESS **2617 ATHENS HIGHWAY**
CITY-ST-ZIP **ELBERTON GA 30635**TITLE **P** ☒ Change ☐ Addition
NAME **Calfee, Mark D**
STREET ADDRESS **2899 Dayllis Rd**
CITY-ST-ZIP **Dewy Rose, GA 30634**TITLE **ST** ☐ Delete
NAME **CALFEE, MARY Y.**
STREET ADDRESS **236 NE 103RD STREET**
CITY-ST-ZIP **MIAMI SHORES FL 33138**TITLE **ST** ☒ Change ☐ Addition
NAME **Calfee, Mary Y**
STREET ADDRESS **2899 Dayllis Rd**
CITY-ST-ZIP **Dewy Rose, GA 30634**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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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 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.

SIGNATURE: *Mark D Calfee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK D CALFEE

Date

4/24/01 (706) 783-2319

Daytime Phone #

CR2E034 (10/00)