## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # J71343** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name STRUCTALL BUILDING SYSTEMS, INC. 04-11-2000 90231 022 \*\*\*158.75 Principal Place of Business Mailing Address 350 BURBANK RD. 350 BURBANK RD. OLDSMAR FL 34677-4906 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2806308 Not Applicable Country Zip \$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 LITTLE, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 2123 NE COACHMAN RD STE A **CLEARWATER FL 34625** Zip Code FL 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) 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, 2000 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 OFFICERS AND DIRECTORS 12. 11. Addition TITLE TITLE ☐ Delete MEYERSON, STEVEN NAME NAME STREET ADDRESS 350 BURBANK RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME MCCREERY, JOHN NAME STREET ADDRESS STREET ADDRESS 34515 CEDARFIELD DR. CITY-ST-ZIP CITY-ST-ZIP RIDGE MANOR FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MCCREERY, D. JOYE NAME STREET ADDRESS 34515 CEDARFIELD DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIDGE MANOR FL ☐ Addition ☐ Delete TITLE Change TITLE NAME WINIARCYZK, RONALD F NAME STREET ADDRESS STREET ADDRESS 350 BURBANK RD CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL .... ☐ Delete Change ☐ Addition TITLE TITLE FORSBERG, JAMES C NAME STREET ADDRESS STREET ADDRESS 350 BURBANK RD : 11 CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL Change ☐ Addition VΡ TITLE TITLE **Delete** HALLEY, TIM NAME NAME 350 BURBANK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 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 AND T PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR