

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **J73703**

1. Entity Name

STEEL BUILDINGS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6191 WILLIAMS RD

Suite, Apt. #, etc.

3. Mailing Address

6191 WILLIAMS RD

Suite, Apt. #, etc.

FILED

05 APR 28 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

4. FEI Number

59-2826298

Applied For

Not Applicable

Zip

32311

Country

USA

Zip

32311

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **GREGORY C. LESLIE**

Street Address (P.O. Box Number is Not Acceptable)

6191 WILLIAMS RD

City **TALLAHASSEE**

FL

Zip Code
32311

**DO NOT WRITE
IN THIS SPACE**

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

4/28/05

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**C.M.
GREGORY C. LESLIE
6191 WILLIAMS RD
TALLAHASSEE FL 32311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T. Roberts MAY 02 2005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P.S.T.D.
GREGORY C. LESLIE
6191 WILLIAMS RD
TALLAHASSEE FL 32311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**200054120832
05/10/05--01003--022 **150.00**

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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 reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY C. LESLIE

Date

4/28/05

Daytime Phone #

850.422.0099

CR2E034B (12/01)